Karnataka Shimoga

Rapid Household Survey - RCH Project Phase-II
1999

SPONSORED BY MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NEW DELHI

POPULATION RESEARCH CENTRE INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE NAGARABHAVI, BANGALORE 560 072

Community Health Cell
Library and Documentation Unit
367, "Srinivasa Nilaya"
Jakkasandra 1st Main,
1st Block, Koramangala,
BANGALORE-560 034.

Karnataka Shimoga

Rapid Household Survey - RCH Project Phase-II 1999

SPONSORED BY MINISTRY OF HEALTH AND FAMILY WELFARE
GOVERNMENT OF INDIA
NEW DELHI

POPULATION RESEARCH CENTRE INSTITUTE FOR SOCIAL AND ECONOMIC CHANGE NAGARABHAVI, BANGALORE 560 072



STUDY TEAM

RAMESH KANBARGI K S UMAMANI T N BHAT K N M RAJU

Population Research Centre
Institute for Social and Economic Change
Bangalore 560 072

CONTENTS

	political designation of the second s	Page No.
		v-vii
	***************************************	viii
	S	ix-xii
Key Indicators	for Shimoga District in Karnataka State, 1999	xiii-xviii
CHAPTER 1	INTRODUCTION	
	1.1 Background and Objectives of the Survey	1
	1.2 District Profile	1
Table 1.1	Basic Demographic Indicators for Shimoga and	
	Karnataka-1991 Census	2
	1.3 Survey design and sample size	3
	1.4 House-listing	3
	1.5 Questionnaires	4
	1.6 Recruitment, Training and Fieldwork	5
1	1.7 Data Processing and Tabulation	6
	1.8 Data quality	6
	1.9 Field constraints	7
	1.10 Standard of Living Index (SLI)	7
Table 1.7	Sample Results of Households, Males and	
	Eligible Women, Shimoga district, Karnataka, 1999	9
CHAPTER 2	HOUSEHOLD CHARACTERISTICS	
	2.1 General Characteristics	10
	2.2 Marriages, Births, Infant Deaths and Morbidity	. 11
Table 2.1	General Characteristics of Households Surveyed	
14010 2.1	in Shimoga district, Karnataka State	. 12
Table 2.2	Marriages, Births, Mortality and Morbidity in	
140.0 2.2	Shimoga District, Karnataka State	. 13

CHAPTER 3	CHARACTERISTICS OF THE WOMEN AND FERTILITY	
	3.1 Characteristics of Currently Married Women	14
	3.2 Outcome of the Pregnancy	14
	3.3 Children Ever Born and Living	14
Table 3.1	Percentage Distribution of Currently Married Women	
	Aged 15-44 years by Selected Characteristics in Shimoga district	
	in Karnataka State	15
Table 3.2	Outcome of the Pregnancy	16
Table 3.3	Fertility	17
CHAPTER 4	UTILIZATION OF MATERNAL AND CHILD HEALTH	
	SERVICES	
	4.1 Maternal Services	18
	a. Ante-Natal Care	18
	b. Type and Sources of Ante-Natal Care	18
	c. Reasons for Not seeking Ante-Natal Care Services	18
	d. Pregnancy Complications and Treatment	18
	e. Natal Care	19
	f. Post-Natal Care	19
	4.2 Child care	19
	a. Birth Weight of New Born Babies	19
	b. Immunization of Children	19
	c. Source of Immunisation	20
	d. Reasons for Not Immunising the Child.	20
	e. Breast-feeding and Weaning Practices	20
	f. Awareness and Treatment about Diarrhoea and Pneumonia	20
Table 4.1	Ante-natal Care	21
Table 4.2	Type of Antenatal Care (ANC)	22
Figure 4.1	Number and Timing of Antenatal Visits	23
Figure 4.2	Per cent of Women who Received Full ANC	,
	by background Characteristics	23
Table 4.3	Reasons for No ANC	24
Table 4.4	Pregnancy Complications	25
Figure 4.3	Type of Complications during Pregnancy	26
Table 4.5	Delivery Characteristics	27
Table 4.6	Delivery and Post-Delivery Complications	21

Delivery and Post-Delivery Complications

Figure 4.4	Type of Delivery Complications	29
Figure 4.5	Type of Post-Delivery Complications	29
Table 4.7	Vaccination of Children	30
Figure 4.6	Per cent of Fully Immunized Children Aged 12-36 Months	31
Table 4.8	Source of Immunization	32
Table 4.9	Reasons for not giving Immunization	33
Table 4.10	Breast-feeding and Child Nutrition	34
Table 4.11	Awareness of Diarrhoea and Pneumonia	35
Figure 4.7	Type of Treatment Given to Children with Diarrhoea	36
CHAPTER 5	FAMILY PLANNING	
	5.1 Knowledge of Contraceptive Methods	37
	5.2 Current Use of Contraception	37
	5.3 Source of Motivation and Supply for Modern Methods of	
	Contraception	. 37
	5.4 Side Effects of Contraception and Satisfaction with	
	Current Use	38
	5.5 Reasons for Discontinuation of use and Current Non-Use	
	of Contraception	38
	5.6 Advice on contraception and intention to Use in	W
	Future	38
	5.7 Unmet Need	38
	5.8 Male's Choice of Family Planning Methods	' 39
Table 5.1	Knowledge of Contraceptive Methods	40
Figure 5.1	Method of Contraception Currently Used in Shimoga, 1999	41
Table 5.2	Current Use of Contraception	42
Table 5.3	Contraceptive Prevalence Rate by Selected Characteristics	43
Table 5.4	Source of Motivation and Supply for Modern	44
	Methods of Contraception	45
Table 5.5	Health Problem and Satisfaction with Current Use	45
Table 5.6	Reason for Discontinuation of Use and Non Use	47
Table 5.7	Advice on Contraceptive Use and Future Intention to Use	48
Table 5.8	Unmet Need	10
Table 5.9	Males Choice of Family Planning Methods	49
	For limiting in Shimoga district in Karnataka State	

CHAPTER 6	ACCESSIBIITY AND PERCEPTION ABOUT	
	GOVERNMENT HEALTH SERVICES	
	6.1 Home Visits by Health Workers	50
	6.2 Client's Perception of Quality of Government Health	
	Services	56
	6.3 Reasons for not visiting Health Centre	5
Table 6.1	Home Visits by Health Workers	52
Table 6.2	Quality of Government Health Services & Client Satisfaction	5.
Table 6.3	Reasons for Not visiting Health Centre	54
CHAPTER 7	REPRODUCTIVE HEALTH	
	7.1 Awareness about RTI/STI and HIV (AIDS)	55
	7.2 Prevalence of RTI (Self - Reported System)	56
Table 7.1	Knowledge of Reproductive Tract Infections	57
Table 7.2	Knowledge of Sexually Transmitted Infections	58
Table 7.3	Awareness of HIV (AIDS)	59
Table 7.4	Prevalence of RTI (Self Reported Symptoms)	60

ANNEXURE 1 List of PSUs (Villages/Urban Wards)

ANNEXURE 2 RCH questionnaires (Household and Women)

Preface and Acknowledgments

The Reproductive and Child Health interventions being implemented by Government of India are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to Client-Centered-Demand Driven quality services. The Government of India desires to re-orient the programme and strengthen the services at the out-reach level. The new approach requires decentralization of planning, monitoring and evaluation of the services at the basic nucleus level which is district.

Keeping in view these objectives, Government of India (GOI) desired to generate district level data on utilization of the services provided by the Government health facilities and people's perception on quality of these services. In order to achieve this goal, GOI decided to undertake Rapid Household Survey (RHS) in all the districts in the country, so that the progress of RCH programme can be monitored. Approximately 50 per cent of the districts are covered in the second year of the project (1999). The survey was conducted by various Regional Agencies (RAs) and coordinated by the International Institute for Population Sciences (IIPS), Mumbai. The financial assistance for RHS was provided by the World Bank. The Population Research Centre of ISEC has been entrusted with the task of carrying out the Rapid Houshold Survey in the states of Karnataka, Kerala and Goa.

The data were collected by using uniform questionnaires, sample designs and field procedures. The survey thus, provided comparable data for all the districts (covered in a year) of the country. Rapid Household Survey (RHS) is the first of its kind in the country ever conducted to generate basic data at the level of a district. In a district, 1100 Households and all eligible women (15-44 years) available in the Households were covered.

We do hope and believe that the data generated through the survey will meet the requirements of the Programme Administrators and the Policy Makers for making effective interventions for providing quality services and achieving multiple objectives.

The RHS could not have been successfully completed without cooperation and support from innumerable sources at various stages of the project. Although, it is not

1

possible to acknowledge everyone involved in the survey, several organizations are individuals deserve special mention.

The first and the foremost organization to whom we wish to express our thanks is the Union Ministry of Health and Family Welfare (MoHFW) for giving us an opportunit to work for a project of national importance. Our special thanks are due to Shank. Chaturvedi, former Secretary and Shri A. R. Nanda Secretary (Family Welfare) for the timely initiative, advice and valuable support to the project. We are also thankful to Shank. Chief Director and Shri K. V. Rao, Director of MoHFW and Dr. Padam Sing Addl. DDG of ICMR for their contributions. We are also thankful to Rail India Technical and Economic Services Ltd.

Our thanks are also due to the Director of Census Operations, Karnataka and to Office of the Registrar General at the Centre and to the Department of Health and Family Welfare Services of Karnataka state.

Our special thanks are due to Dr. Nirmala Murthy, Consultant, the World Bank, her able guidance and technical support to the project.

The International Institute for Population Sciences (IIPS), Mumbai provided valual guidance and strong support to the survey which is gratefully acknowledged. Our specthanks are to Prof. T.K. Roy, Director, for his timely advice and valuable guidance. We a acknowledge the contributions of Prof. F. Ram, Dr.D.Radha Devi and Dr. Sulat Parasuraman, Coordinators of the Project at IIPS. Our thanks are also to Prof. Surr Kulkarni, ex-Officiating Director for her timely advice and valuable guidance. Also special thanks and gratitude to Prof. K.B. Pathak, ex-Director, IIPS and presently consultar RCH Project, for supervising the task of the survey from the beginning of the project.

Survey was conducted in collaboration with Population Research Centre, Dharw Dr. T R Rajaratnam and Ms R Rajeswari took the responsibility of coordinating supervising the field operations. I am grateful to Dr B R Ramesh, Director of PRC, Dharwand his colleagues. Training the field staff was undertaken by Dr. Ramesh Kanbargi and T N Bhat of Population

We would like to express our sincere thanks to our former Director Dr. P.V.Shenoi and his successor Dr. M.Govinda Rao for their valuable advice and co-operation in carrying out Rapid Household Surveys in all the three states. Thanks are also due to Prof. P.H. Rayappa, Chief Technical Advisor, RCH Project at ISEC for going through the draft reports. We acknowledge the co-operation received from the Registrar Dr. M.Venkata Reddy and his staff. Accounts Officer Mr. R.Narayanan and his staff, and Estate and Transport-in-charge Mr. B.S.Krishna Murthy at the Institute for Social and Economic Change. We express our appreciation for the effort made by the houselisting teams, interviewers, supervisors, editors, data entry operators in carrying out this task. The data analysis was undertaken by Dr. M.N. Shiva kumar, Research Officer and Mr. P. Prabhuswamy of Population Research Centre. We are thankful to all the respondents in all the three states for sparing their valuable time and for giving us the required information with patience.

We do hope that the Ministry of Health and Family Welfare, Government of India, will find the results of the Survey useful in achieving the set objectives of the Rapid Household Survey. Round the clock efforts of my colleagues at the Population Research Centre, will be truly rewarded if the project is able to effectively highlight/reflect the Reproductive and Child Health needs of the community.

K N M RAJU
Professor and Head, PRC
Project Director, RCH
Institute for Social and Economic Change
Bangalore 560 072

January 2000

ACRONYMS

AIDS : Acquired Immuno Deficiency Syndrome

ANC : Ante-natal Care

ANM : Auxiliary Nurse Midwife
ARI : Acute Respiratory Infections

AWW : Anganwadi Worker

BCG : Bacillus Calmatte Guerin

CBR : Crude Birth Rate

CEB : Census Enumeration Block
CHC : Community Health Centre
CMW : Currently Married Women

CPR : Contraceptive Prevalence Rate
CPD : Centre for Population Dynamics
DPT : Diphtheria, Pertussis and Tetanus

EW : Eligible Women FP : Family Planning

GMFR: General Marital Fertility Rate
GOK: Government of Karnataka

HIV : Human Immuno Deficiency Virus

LHV : Lady Health Visitor IFA : Iron and Folic Acid

IIPS : International Institute for Population Sciences

IMR : Infant Mortality Rate

ISEC : Institute for Social and Economic Change

JPHN: Junior Public Health Nurse MCH: Maternal and Child Health

MoHFW : Ministry of Health and Family Welfare

MMR : Maternal Mortality Rate

MTP : Medical Termination of Pregnancy

OBC : Other Backward Castes
ORS : Oral Rehydration salt
ORT : Oral Rehydration Therapy
PHC : Primary Health Centre
PSU : Primary Sampling Unit

PPS : Probability Proportional to Size

RHS : Rapid Household Survey

RCH : Reproductive and Child Health RTI : Reproductive Tract Infections

SC : Scheduled Castes

Sc : Sub-centre

ST : Scheduled Tribes

STI : Sexually Transmitted Infections

TB : Tuberculosis

TFR : Total Fertility Rate
TT : Tetanus Toxoid

SALIENT FINDINGS

Survey in Shimoga districts

Shimoga is one of the districts in the Malnad region of the state. The population of the district was 1910 thousand is 1991 with an annual growth rate of 1.4 per cent during 1981-91 period. Twenty seven per cent of the total population in the district was urban. Nearly 22 per cent of the population in the district belonged to scheduled castes (18 per cent) and scheduled tribes (4 per cent).

RCH survey covered 1091 households identifying 963 eligible women of whom 851 have been interviewed. One-fourth of them were from urban areas. Ninety per cent of them belonged to Hindu religion, 23 per cent to scheduled castes and scheduled tribes and 55 per cent of them were literate. Among the literates, 24 per cent had 10 or more years of schooling.

Marriage

Mean age at first cohabitation for eligible women was 21 years - 20 in rural and 21 in urban. Only 6.3 per cent of boys got married at age less than 21 years and 17 per cent of girls got married before attaining the age of 18 years.

Fertility

The estimated crude birth rate (CBR) in the district is 19.6-21.6 is rural are:

13.8 in urban. The mean number of children ever born to women age 40-44 has in urban. Less than One-fourth of total births were of third and higher order.

Mortality and morbidity

Only 5 infant deaths have been reported in the survey during January 19. December 1997. However, a large number of malaria cases were reported (a number) during 3 months prior to survey. In all 14 cases of tuberculosis and 1 call leprosy was reported during the same period.

Knowledge and use of family planning

Family planning performance in the district has been quite impression. Knowledge of modern method of contraception is universal and nearly 70 per cerescouples have adopted contraception. Acceptance of contraception other than fer sterilisation is also relatively better particularly in urban areas. Nearly 22 per cerescouples of contraception in urban areas and 9 per cent in rural areas had opted other methods. The estimated unmet need for family planing is 9.2 – 6.4 for limiting 2.8 for spacing.

Maternal Health Care

Provision of antenatal services has been quite good as 71 per cent of pregnant women had received these services (3 check-ups, 2TTand IFA tablets). Over 60 per cent of women had their child weighed within two days after birth. And 16 per cent of women reported their child to be anaemic.

Child Health Care

Sixty five per cent of children age 0 – 4 months were on exclusive breast-feeding. Less than half of mothers (46 per cent) gave colostrum to their children. However, provision of immunization services has been quite impressive as 93 per cent of all children age 12-36 months had received the required doses (BCG, 3DPT, 3 polio and measles). Immunization coverage is relatively better in rural areas than urban.

Reproductive morbidity

Nearly 70 per cent of pregnant women have reported pregnancy complications, 40 per cent of them have reported delivery and post delivery complications, and 29 per cent abortion complication. Nearly one-fourth of women have had side effects due to acceptance of female sterilization, IUD and pills. Twenty three per cent of women have reported reproductive tract infections. Awareness about pregnancy complication is quite high at 92 per cent. Awareness about practices to be followed during diarrhoea and pneumonia is also high at 82 per cent and 56 per cent, respectively

Knowledge of RTI/STI/HIV (AIDS)

Knowledge of reproductive tract infection (RTI) was is above half (52 per and it is greater for sexually transmitted infection (STI) at 66 per cent. How awareness of HIV (AIDS) is high almost universal (92 per cent) - 90 per cent in rural 95 per cent in urban.

Visit by Health Workers

Close to half of rural households were visited by health workers/ ANM of three months prior to the survey.

Utilization of government Health facility

Government facilities were the main provider of services relating to contract and immunization of children as over 85 per cent of these services were provided them. 46 per cent of antenatal cervices were taken from government institutions. Treatment for complications due to pregnancy and delivery were provided to 40 per of respondents. Less than half (48 per cent) of deliveries were conducted in institutions. Treatment for diarrhoea and pneumonia was to the tune of 13 per cer 23 per cent, respectively. Treatment for the side effects of female sterilisation and was to the extent of 42 per cent and 55 per cent, respectively. 35 per cent of RTI were treated by government doctors and nurses.

Rapid Household Survey, Reproductive and Child Health KEY INDICATORS

STATE: KARNATAKA

DISTRICT: SHIMOGA

No.	KEY INDICATORS			
ī	1991 Population Data			
1	A) Total population (in thousand)		1000 7	
	A) Total population (in thousand) B) Percent urban		1909.7 26.5	
	C) Percent scheduled caste		17.70	
	D) Percent scheduled tribe		3.88	
	E) Population growth rate (1981-91)		14.2	
٠		TOTAL	RURAL	URBAN
2	Sample Population			
	A) Number of households surveyed	1091	807	284
	B) Total population covered in survey			
	Total	5563	4173	1390
	Male	2852	2140	712
	Female	2711	2033	678
	C) Number of men (age 20-54 years) interviewed .	779	568	211
	D) Number of currently married women age 15-44 Total	963	730	232
	Interviewed	851	637	214
3	Background Characteristics of Women Interviewed			
	A) Percent Hindu	89.4	92.7	79.4
	B) Percent Muslims	8.8	6.1	16.8
	C) Percent Scheduled Caste	14.2	16.6	7.0
	D) Percent Scheduled Tribe	9.2	10.8	4.6
	E) Percent Other Backward Caste	38.0	37.3	40.1
4	Marriage Age			
	A) Mean age at first cohabitation for women	18.2	18.0	18.9
	B) Percent of boys married at age less	6.3	7. 3	2.4
	than 21 (since 1 January 1996) C) Percent of girls married at age less than 18 (since 1 January 1996)	16.5	19.0	9.5

1	KEY INDICATORS	TOTAL	RURAL	UF
5	a community of children ever born to eligible			
	women age 40-44	3.6	3.5	1.0
	a) Average crude birth rate	19.6	21.6	13
	b) Average general marital fertility rate (GMFR)	113.6	123.3	8
	c) Percent distribution of total births by order i) 1	43.8	41.4	5 H
	ii) 2 iii) 3 & above	33.2 22.8	33.4 25.1	,31 11
6	Mortality A) Infant deaths among children born during 1-1-96 to	5	2	31
	B) Neonatal deaths among children born during 1-1-96 to	0	0	0)
	31-12-98 due to tetanus C) Total maternal deaths since 1-1-96	0	0	0.1
7				
	Number of cases reported A) Leprosy	1	1	
	B) Malaria (3 months prior to survey)	38	30	
	C) Tuberculosis	14	12	
8	Knowledge of Family Planning and use			
	of Contraception			
	A) Percent of eligible women i) knowing all modern methods	81.9	77.3	9:
	ii) knowing any modern spacing method	99.00	98.7	10
	iii) knowing any modern method	100.0	100.0	10
	iv) knowing any method	100.0	100.0	10
	B) Percent of eligible women/their husbands			
	i) Currently using any method	69.3	69.7	6
	ii) Female sterilization	56.6	60.2	4
	iii) Male sterilization	0.4	0.4	(
	iv) IUD v) Pills	5.7	5.1	1
	vi) Condom	1.0	0.7	-
4	vii) Any other modern method	0.0	0.0	3
	viii) Any other traditional method	3.5	1.7	81
	C) Percent of currently married women having unmet need for			
	i) limiting	6.4	5.6	8
	ii) spacing iii) total	2.8	3.3	1.
		9.2	8.9	10

No.	KEY INDICATORS	TOTAL	RURAL	I'DD AN
9	Maternal Health Care		ACKAI.	C KD.A.V
	Percent of women who had still/live birth since 1-1-1996			
	A) ANC check-up			
	i) who had ANC check-upii) Who had 3 or more check-upiii) Who had ANC Check-up at home	97.6 89.9 58.5	97.6 88.4 67.0	98.0 96.0 24.0
	B) TT injection during pregnancy			
	i) who had noneii) who had oneiii) who had two or more	3.8 10.4 84.5	3.8 11.0 84.6	3.9 7.8 84.3
	C) IFA tablets during pregnancy			
	 i) who were given IFA tablets ii) who consumed one IFA tablet regularly iii) who consumed two IFA tablet regularly 	88.8 47.1 38.2	91.3 46.6 40.3	78.4 49.0 29.4
-11	D) Institutional delivery			
	i) Total ii) Government iii) Private	62.1 29.7 32.4	56.2 29.7 26.4	86.2 29.3 56.8
	E) Delivery at home and attended by doctor/nurse/ traditional birth attendant (TBA)	20.6	24.1	7.3
	F) Total safe delivery (D + E)	83.0	80.5	92.7
	G) Visited by ANM within two weeks of delivery	44.0	50.9	15.6

No.	KEY INDICATORS	TOTAL	RURAL	URB.
10	Child Care			
	A) Percent of children age 0-4 months on exclusive breast milk (relates to the youngest child born since 1.1.1996)	60.0	64.2	0.0
	 B) Percent of women who gave colostrum (relates to the youngest child born since 1-1-1996) C) Percent of children age 12-36 months who received (relates to two children born since 1-1-96 to 30-4-98) 	45.8	41.8	62.0
	i) BCG ii) DPT	98.4	99.3	94.8
	a) Three injections	95.9	97.5	89.7
	b) No injections iii) Polio	2.5	0.6	10.2
	a) Three doses	94.4	96.2	87.1
	b) No dose	2.0	0.0	10.2
	iv) Measles	96.4	96.8	94.8
	v) Complete immunization (BCG, 3 DPT, 3 Polio & Measles)	92.9	95.0	84.6
	vi) *At least one dose of Vitamin A	82.0	83.2	77.0
	D) Percent of babies weighed and babies below 2.5 Kg.			
	i) Percent of babies weighedii) Percent below 2.5 Kg. Out of babies	66.7	57.3	85.4
	weighed	15.8	17.1	10.4
	E) Percent of eligible women whose children (born after 1-1-96) had diarrhoea and who were treated with ORS)			1
	i) Had diarrhoea	27.2	28.0	24.0
	ii) Treated with ORS	26.0	26.3	24.0
	F) Percent of eligible women whose children (born	20.0	20.5	25.0
	after 1-1-96) had breathing problems and treated			
	 i) Percent who had breathing problem ii) Percent of mothers of children with breathing problem who got their children 	20.9	21.6	18.0
	treated by ANM/Government facility	22.6	25.0	11.

No.	KEY INDICATORS	TOTAL	RURAL	TIDDA
11	Reproductive Morbidity	TOTAL	RURAL	URBA
	A) Percent of eligible women who had their last pregnancy since 1-1-96, having			
	a) Abortion complications	29.4	40.0	112
	b) Pregnancy complications	69.5	68.7	14.2 72.5
1	c) Delivery complications	40.1	38.4	47.0
	d) Post-delivery complications	43.2	44.7	37.2
	B) Percent of eligible women having			
	a) Contraceptive side effects			
	i) Female sterilization	23.0	22.6	24.4
	ii) IUD	24.4	24.2	25.0
	iii) Pills	22.2	0.0	50.0
	b) Any symptom of reproductive tract infection	23.0	21.5	27.5
	C) Percent of males having any symptom of reproductive Tract infection	2.8	3.7	0.4
	D) Percent of households in which adolescent girls were suffering from Anaemia	11.8	9.1	18.2
12	Awareness of women on RCH			
	A) Percent of eligible women (who had their last live birth/Still birth since 1-1-96) aware of:			
		91.8	91.8	92.1
	a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea	91.8 81.8	91.8 79.8	92.1 90.0
	a) Pregnancy complications			
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes 	81.8	79.8	90.0
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of 	81.8	79.8	90.0
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of a) Reproductive Tract Infection (RTI) 	81.8 56.1	79.8	90.0
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of 	81.8 56.1 29.6	79.8 55.6 27.4	90.0 58.0
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of a) Reproductive Tract Infection (RTI) b) Sexually Transmitted Infection (STI) 	81.8 56.1 29.6 11.7	79.8 55.6 27.4 10.0	90.0 58.0 35.9 16.8
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of a) Reproductive Tract Infection (RTI) b) Sexually Transmitted Infection (STI) c) HIV(AIDS) C) Percent males age 20-54 having knowledge of 	81.8 56.1 29.6 11.7	79.8 55.6 27.4 10.0 85.5	90.0 58.0 35.9 16.8 95.3
	 a) Pregnancy complications b) Treatment/practices to be followed in diarrhoea episodes c) Danger signs of Pneumonia B) Percent of eligible women who were aware of a) Reproductive Tract Infection (RTI) b) Sexually Transmitted Infection (STI) c) HIV(AIDS) 	29.6 11.7 88.0	79.8 55.6 27.4 10.0 85.5	90.0 58.0 35.9 16.8 95.3

No	. KEY INDICATORS	TOTAL	RURAL	URE
13	Home Visit by Health Worker			
	A) Percent of rural households visited by ANM/Health worker three months prior to survey date		48.8	
	B) Percent of households where ANM counselled unmarried adolescent girls	12.8	16.0	5.0
	C) Percent of households where ANM distributed IFA tablets to unmarried adolescent girls	2.8	1.0	7.5
14	Utilization of Government Health Facility			
	A) Percent induced abortion of last pregnancy since 1-1-96	14.2	25.0	0.0
	B) Percent of eligible women who sought treatment for complications during			
	i) Pregnancy a) Doctor b) Nurse/ANM ii) Post-delivery period	39.8 5.1	40.0 6.2	38
	ii) Post-delivery period a) Doctor b) Nurse/ANM	40.6 5.4	44.0 6.6	25: 0.
	C) Percent of eligible women who sought treatment for side effects/health problems due to use of	3.1	0.0	0.
	i) Female sterilization ii) IUD iii) Pills	41.6 54.5 0.0	46.0 37.5 ****	28. 100. 0.
	D) Percent of respondents with RTI who sought treatment			
	i) Males ii) Females	77.2 57.6	76.1 56.2	100.

CHAPTER 1 INTRODUCTION

1.1 Background and Objectives of the Survey

The Reproductive and Child Health (RCH) interventions that are being implemented by Government of India (GOI) are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to client-centered-demand driven quality services. Attempt is being made by GOI not only to re-orient the programme and service providers attitude at grassroot level but also to strengthen the services at outreach level.

The new approach requires decentralization of planning, monitoring and evaluation of the services. Under such objectives, GOI has been interested to generate district level data other than service statistics on utilization of the services provided by government health facilities and also people's perceptions on quality of services. Therefore, it was decided to undertake rapid household surveys for all the districts in the country. About 50 per cent of the districts were covered in 1998. Survey was carried out in remaining districts in 1999.

The main focus of the rapid household survey were on the following aspects:

- 1. Coverage of ANC and immunisation services
- 2. Proportion of safe deliveries
- 3. Contraceptive prevalence rate
- 4. Unmet need for family planning
- 5. Awareness about RTI/STI and HIV/AIDS
- 6. Utilization of Health Services and user's satisfaction.

Table 1.1 Basic Demographic Indicators from 1991 census in Shimoga District Karnataka state

Indicators	State	D
Population (in thousands)	44977.2	1
Annual exponential growth rate (1981-91) (per cent)	1.92	
Population density (per Sq Km)	234.5	
Per cent of Urban Population	30.9	
Sex Ratio (Females per 1000 Maies)	959.6	
Currently married women age 15-44 (couples) per 1000 population		
Per cent of population		
Scheduled Caste	16.38	
Scheduled Tribe	4.26	
Others	79.36	
Per cent of literate population age 7 +		
Males	67.26	
Females	44.34	
Persons	56.04	

Population of the district was 1910 thousands in 1991, with an annual growth rate of 1.42 per cent during 1981-91 period. It had density of 181 persons per square kilo metre. Twenty seven per cent of the population in the district was resident in urban areas. In 1991 sex ratio in the district was 960. Almost 18 per cent of the district population belonged to scheduled castes and 4 per cent to scheduled tribes. Seventy one per cent of the population age 7— were literate (Table 1.1)

1.3 Survey Design and Sample Size

In the second year of the RHS, nearly 50 per cent of all the districts in India were selected with random start from either first or second district and then alternative districts were selected. Districts in a state were alphabetically arranged before selection. With this procedure, 252 districts were selected. In the selected districts 50 Primary Sampling Units (PSUs, Villages/Wards) were selected adopting probability proportion to size (PPS) sampling. The village/ward level population was taken as per 1991 census. The sample size for RHS-RCH was fixed at 1000 households i.e. 20 households from each PSU. In order to take care of non-response due to various reasons, over sampling of 10 per cent was done. In other words, 22 households from each PSU were selected following circular systematic random sampling procedure.

1.4 House Listing

House-listing in each of the selected Primary Sample Units (PSU-village urban ward) is an important activity to select the sample households. IIPS has provided an elaborate procedure to be followed for house-listing which is strictly followed in letter and spirit. It includes:

Listing of every structure in the village/urban ward/block, dwelling units in each structure and other structures like school, shop, cattle shed, dispensary etc., with numbers. Then each dwelling unit is given a separate number. The list of all the households in each Primary Sample Unit forms the sampling frame. The first household is selected by using a random number and other households are selected by employing systematic circular sampling procedure.

All the households in the villages having population less than 1500 has mapped and listed. A block has been selected for listing and mapping of villages more than 1500 population. In urban areas a census enumeration block (CEB) has selected from the selected ward and the notional map was copied. After the identification of the CEB in the city/town, house-listing and mapping have been carried out. Finouse-list, the required number of households have been randomly selected.

1.5 Questionnaires

Data have been collected through a structured questionnaire. Two to questionnaire have been designed for each selected household, one eliciting household, and the other, eliciting information on women. While the information the household is collected from any adult member (age 20 and above), information eligible woman is collected from each currently married woman, age 15-44.

Household questionnaire consists of two sections. The first section information on household characteristics such as number of male and female ment the household, number of eligible women for woman questionnaire, religion source of drinking water, type of house construction, detailed information on ear since January, 1996, incidence of maternal deaths since January, 1996, age at mof males and females married since January, 1996, prevalence of malaria since months preceding the survey date, prevalence of TB and leprosy, and supply of 1 Folic Acid tablets to un-married and anaemic girls age 15-19. This information collected from any adult member in the household. Section 2 specifically collecting information on general awareness about Reproductive Tract Infection Security Transmitted Infection (STI) and HIV (AIDS) of any male member, age in the household.

Woman questionnaire consists of 6 sections. Data on general characteristic current age, effective marriage age, number of live births, living children and prowastage (still births, induced abortions and spontaneous abortions) are collected in section 1; data on ante-natal, natal and post natal care are collected in section immunization and child care for the last and last but one child born since January are collected in section 3; on contraception are collected in section 4; section 5 decreases

the assessment of quality of government health services and client satisfaction; and section 6 elicits information on Awareness about RTI, STI and HIV (AIDS).

1.6 Recruitment. Training and Fieldwork

Educational qualification of field staff, their experience in collecting data and their commitment to the job are important contributing factors in obtaining quality data. All the supervisors have minimum post-graduate and some of them have completed M Phil in social sciences. More than 90 per cent of all investigators are post-graduates and the rest have completed graduation. All have fairly good knowledge of English and the local language, Kannada. In addition, many are able to conduct interviews in Telugu, Tamil, Malayalam, Marathi, Hindi and Urdu. About 30 per cent of them have experience in collecting demographic and health data in different India Population Projects (IPP) carried out by different organizations.

Field staff were trained during June25 to July 1, 1999 at PRC, Dharwad for data collection. Field operation started on July 5, 1999 and was completed on September 10, 1999. Data collection work was reviewed when the teams took a break for two days and doubts were cleared on some questions. Separate field staff were trained for House listing during June 24-25, 1999 and Housing listing operations started June 26, 1999. Teams used to be in the primary sample unit (PSU) by 6 a.m. and leave by 8 p.m. All these field operations were completed in a day in many PSUs and more than one day in some PSUs.

Data collection has been carried out in each selected district by a team consisting of a supervisor-cum-editor, three female investigators and two male investigators. There are two major field operations in the survey, namely, i) house-listing, mapping, and selection of sample households, and ii) interviews. House-listing and mapping have been carried out by two persons together. While one person records the particulars in the house-listing form for each household, other person maps the household. House lists were given to the team supervisor to draw the sample households. After selecting the required number of households to be interviewed, the supervisor assigns the lists which contains household number, name of the head of household, address, date assigned, result of interviews of household and woman questionnaires to the investigators. At the end of interviews, a consolidated list in 'Supervisor's Assignment Sheet' is prepared from all investigator's Assignment Sheets by the supervisor. In addition, the supervisor is

assigned the job of editing the questionnaires and cent per cent spot checks in the itself.

Household questionnaire has been canvassed by the male investigator whe respondent age 20-54 is available in the household. In other cases, the household woman questionnaires have been canvassed by the female investigator.

1.7 Data Processing and Tabulation

Data entry software provided by the International Institute for Pop Sciences has been used. The software is found to be adequate and only minor contains the local conditions. (Table 1.7)

1.8 Data Quality

Quality of data depends on many factors. Of them, questionnaire design, to of field staff and supervision of data collection are vital. These aspects have been into account in the survey.

The questionnaire is designed for minimum number of errors that occur collecting data. Most questions have been designed with clarity and there is no sco ambiguity. Questions are pre-coded, and skips and filters have also been provide easy flow of data collection.

Further, the quality of data has been ensured through intensive training of staff. Field staff were trained (investigators, supervisors and editors) on the methodata collection through classroom lectures and mock interviews. They were gived days training in local language and each question was explained in detail along Training Manual during the training sessions. All the technical terms have been expet thoroughly until every one of them understood well. Special lectures from experts fields of reproduction, immunization, communicable diseases, reproductive infection, sexually transmitted infection and HIV (AIDS) have been organized duritaining, thus, fully exposing them to the topics under study. This has enhanced understanding of questions better and has increased their ability in eliciting informeven from an illiterate and ignorant respondent. Also, they were made to conduct interviews in the class room. They were also taken to villages and urban blocks for

interviewing. Training sessions were conducted by the staff of the Population Research Center at the Institute for Social and Economic Change (Bangalore) and the International Institute for Population Sciences (Mumbai). Each investigator has been provided with an Investigator's Manual and the team supervisor with a Supervisor's. Editor's and Sampling manuals.

In addition, data have been checked and edited right in the field by the team supervisor. Surprise checks (10 per cent of the total sample) have been made by the start of the Population Research Centre at the Institute for Social and Economic Change. Research officers of the International Institute for Population Studies were also present throughout the neid operations.

1.9 Field Constraints

The major constraints in Data collection is availability of respondents especially male respondents for section 2 in Household questionnaire. Repeated visits were made to cover maximum number of male and female respondents. As the team was covering the PSU in one day, the coverage with regard to male and female respondents was the maximum that has been achieved in the survey as mentioned in the report.

1.10 Standard of Living Index (SLI)

In Phase I of the RHS, type of house was being taken as the proxy for the economic status of the households. But in phase II we had asked questions related to household amenities and possession of some selected household items. In order to develop SLL following scores related to response categories for each question were

Variables	Scores
	T (0)
1. Source of Drinking Water	Tap (Own)
	Tap (Shared) +
	Handpump Well
TOTAL MANAGEMENT OF THE STATE O	Deposition
	Semi-Pucca1
CYLL	Flectrictiv 2
3. Source of Lighting	Licelicity
	Kerosene1
	Other 0
4. Fuel for Cooking	LPG2
	Xerosene
	Others 0
5. Toilet Facility	Own Flush Toilet
	Own Pri Toller
	Shared Toilet1
	No Toilet0
6. Ownership of Items	Car
	Motor cycle/Scooter3
	TV3
	Radio/Transistor2
	Fan. 2
	Sewing Machine2
	Bicycle
1	None0

The total of the scores may vary from the lowest of 0 to maximum of 28. basis of total score, households are divided into three categories as:

(a)	Low	if total score is less than or equal to 9.
(5)	Medium	if total score is more than 9 but less than or
		equal to 19
(c)	High	if total score is more than or equal to 70

Most of the indicators under RHS are also tabulated by these three categories SLI in addition to Rural/Urban, Caste, and Education.

Table 1.7. Sample Results for Households, Males and Eligible Women, Shimoga District of Karnataka state, 1999

Results	Total	Rural	Urban
Hounaholds Selected	11.00	816	284
Wound holds Interviewed	1091	807	284
Not Interviewed	2	2	0
Tunincholds present but not competent	7	7	0
Transpondent at home			
Households Absent	0	0	0
Postponed	0	0	0
Refuiled	0	0	0
Dwelling Vacant/ Address Not a Dwelling	0	0	0
Dwelling Destroyed		0	0
Dwelling Not Found	0	0	0
Other	0	0	0
HII Rasponsa Rate* (HRR)	99.2	98.9	100.0
Total Eligible Women	961	730	231
Eligible Women			
Completed (Interviewed)	1151	636	215
Not at Home	1.08	92	16
Refuned	0	0	0
Partly Completed	0	0	0
Other	2	2	0
EW Rasponse Rate* (EWRR)	88.6	87.1	93.1
Number of Males Interviewed	779	568	211

^{* |} IRR = (Households Interviewed/1100) * 100

^{**} EWRR - (Eligible Women Interviewed/Total Eligible Women)

CHAPTER 2

HOUSE HOLD CHARACTERISTICS

General characteristics of the sample nousehold population and vital events such as the more more and the sample nousehold population and vital events such as the more more and the sample nousehold in the sample nousehold nousehold in the sample nousehold no

2.1 General Characteristics

The survey covered 1091 households in the sample of which 74 per cent were rural urban. Hindu households constituted 90 per cent, Muslims 8 per cent and the rest.

Among Hindu households 15 per cent belonged to Scheduled castes, 8 per cent Scheduled castes, 8 per cent to other Backward castes (OBC) (Table 2.1)

In the sample, 28 per cent houses were reported as Pucca, a large percent as Kachcha were found to the Wall-ham Cami Brown In II-ham area 40 per cent of households reported this as the main source. Wood was the main source of fuel used to a However, in urban areas, LPG and Kerosene accounted for 78 per cent. Half of the house the district had no toilet facility at all. Ownership of household goods such as radio, tell bicycle was to the tune of almost 38 per cent or more. Situation in this regard is much urban area. Based on the composite Standard of Living Index only 10 per cent of houwere considered as high - 3.9 per cent in rural and 27.8 per cent in urban (Table 2.1).

2.2 Marriages, Births, Infant Deaths and Morbidly

During the reference period (during January 1, 1996 to date) a total of 353 marriage were reported -270 in rural and 83 in urban areas. Mean age at marriage for boys is 26.2 years in rural areas and 27.1 in urban. For girls, mean age of marriage in urban areas is little more than one year higher at 21.4 compared to 20.2 in rural areas. About 6 percent of boys and 1/p cent of girls got married before attaining the legally prescribed minimum age of 21 years and 18 years, respectively. The estimated Crude Birth Rate in the district is 19.6 - 21.6in rural and 11.8 in urban. Nearly 23 per cent of births in the district are of third and higher order.

A total of 5 Infant deaths were reported in the survey - 4 In accountal period and 1 in post neonatal period. Only one case of hiprosy and 14 cases of tuberculous were reported in the district. However, 38 cases of Malaria were reported during the same period. No neonatal death due to telanus and no maternal death was reported in the district (Table 2.2).

IN KAICHATARA HEACO	american de l'em	Marine Filtre Pres	
ildi itori	rotal	Bi[[i]]	Urban
. Himber of houselidlds intelviewed	1091	1117	284
Total Male Female Him Rillio (Females per 1000 Males) Number of collectly married World (15-44 years)	55(3	4 73	1390
	28(2	2 40	712
	27(1	2033	678
	9 0	980	952
Pricent of House alde by Heligion Hindu Muslim Christian Sikhs Buildhists Others	9() ()	H2.4	83.1
	() ()	B2	13.3
	() 5	11	2.8
	() 3	H2	0.7
	() () ()	H0	0.0
Parcent of Households by Haste* Hicheduled Caste Bicheduled tribe Other Backward Class Others	1-1-8	1 3	7.7
	11-8	1 2	4.5
	18-1	1 7	39.0
	29-4	11 2	32.7
Parcent of Households by Type of House Kachcha Semt-Pucca Pucca	16-7	2	7.0
	55-0	8	44.0
	20-2	9	48.9
, leacene of House old# by Hourde of Drinking Water Tap Hand Pump Well Others	59 2 15 0 2 1 2 0	6 0 . 0 . 6 . 7	97.8 0.7 1.4 0.0
. Fercent of House inlde by Hain Source of Lighting Electricity Kerosene Others	82 3	6	92.6
	16.9	0 , 4	7.0
	0 7	0 , 8	0.3
Liquid Petroleum gas Kerosene Wood Others	24 8	14.0	61.2
	6 1	2.4	16.5
	64 0	111.9	21.8
	4 9	6.5	0.3
'. Type or toilet facility available (No flush toilet Own pit toilet Shared toilet No boilet facility	11 0	1.8	20.0
	31 4	25.7	47.5
	7 2	2.3	21.1
	50 3	64.0	11.2
ि). Percent of Houmeholdw owning .Fan 	30 1 55 7	21.9 52.0	78.5 66.2
Sewing Machine	17 9	12.8	32.3
Television	45 8	14.8	77.1
Bicycle	39.5	35.3	51.4
Motor cycle/acooter	18.9	12.5	37.3
Car	1.4	1,1	2.4
1. Percent of Households by Standard of Living Index Low Medium High	50 3	62.5	15.4
	39.5	13.4	56.6
	10.1	3.9	27.8

Table 2.2 Marriages, Births, Mortality and Morbidity in SHIMOGA district in

indicators	Total	Rural	Urban
1. Marriages during 1-1-96 to survey date (a) Total number of marriages (b) Mean age at marriage for Boys (c) Mean age at marriage for girls (d) Boys marrying at age less than 21 years (%) (e) Girls marrying at age less than 18 years (%)	353 26.4 20.5 6.3 16.5	270 26.2 20.2 7.3 19.0	83 27.1 21.4 2.4 9.5
2. Births (Reference period: 1-1-96 to 31-12-98) (a) Number of births reported Total Male Female	319 161 158	263 133 130	56 28 28
 (b) Average annual CBR (b) Average annual GMFR (c) Percent distribution of birth by order of birth 	19.6 113.6	21.6 123.3	
1 2 3 4+	43.8 33.2 14.7 8.1	41.4 33.4 16.5 8.6	55.3 32.3 6.1 6.1
3. Deaths among* children born during 1-1-96 to 31-12-97 in (a) Neonatal period (b) Post neonatal period (c) Infancy	4 1	2 0	2
Male Female	3 2	1	2
4. Number of neonatal deaths among children born during 1-1-96 to 31-12-98 due to tetanus	0	0	0
5. Number of Maternal Deaths Reported during 1-1-96 to survey date	0	0	0
6. Major illnesses (1) Number of cases reported (a) Leprosy Male Female	1 0	1 0	0 0
(b) Malaria** Male Female	22 16		3 5
(c) Tuberculosis Male Female	6 8	5 7	1
(2) Number of cases treated (a) Leprosy Male Female	1 0	1 0	
(b) Malaria** Male Female	21 16		1
(c) Tuberculosis Male Female	6		

End point of reference period is restricted to 12-12-1997 to ensure one year exposure to the risk of death for all births.
Reference period is 3 months prior to survey.

CHAPTER 3

CHARACTERISTICS OF THE WOMEN AND FERTILITY

This section presents general characteristics of the currently married women, out

3.1 Characteristics of Currently Married Women

Thirty nine percent of eligible women were in the age 20-29. Age at consummariage of women revealed that 47 per cent in rural area had consummated below 18 compared to 34 per cent in urban area (Table 3.1). About 45 per cent of the eligible wors illiterate – 52 per cent in rural and 24 per cent in urban.

3.2 Outcome of Pregnancy

The survey revealed that 88 per cent of pregnancy have resulted in live births, 2.8 pm still births, 7.5 per cent as spontaneous abortions, and the rest (1.8 per cent) assurabortions. Spontaneous abortions are more in 15-29 and 40-44 age group (Table 3.2).

3.3 Children Ever Born and Living

The data collected on fertility reveal that the mean number of Children Ever Bosts 2.4 - 1.2 male and 1.1 female. The mean number of children surviving is 2.2. women and women belonging to Scheduled groups and Muslims have higher number that (Table 3.3).

Table 3.1 Percentage distribution of currently Harried Women age 15-44 years by selected characteristics in SHINOGA District in KARNATAKA state

Background Characteristics	Total	Rural	Urban
1. Age group (years) 15-19 20-24 25-29 30-34 35-39 40-44	4.9	5.6	2.8
	19.2	19.9	17.2
	19.8	20.2	18.6
	21.9	23.3	17.7
	18.5	17.4	21.9
	15.3	13.3	21.5
2. Age at Consummation of Marriage Below 18 years 18 years and above	44.0	47.4	34.1
	55.9	52.5	65.8
3. Religion Hindu Muslim Christian Sikhs Buddhists Others	89.4	92.7	79.4
	8.8	6.1	16.8
	1.1	0.7	2.3
	0.5	0.3	1.4
	0.0	0.0	0.0
4. Caste* Scheduled Caste Scheduled tribe Other Backward Class Others	14.2	16.6	7.0
	9.2	10.8	4.6
	38.0	37.3	40.1
	38.4	35.1	48.1
5. Education Illiterate 0-9 @ years 10 years and above	45.2	52.4	23.8
	28.6	28.2	29.9
	26.0	19.3	46.2
6. Husband Education* Illiterate 0-9 @ years 10 years and above	28.6	34.6	10.7
	31.2	34.2	22.4
	40.0	31.0	66.8
7. Standard of Living Index Low Medium High	48.8	61.0	12.6
	39.3	34.2	54.6
	11.7	4.7	32.7
Number of women	851	637	214

Literate persons with no years of schooling is included here. Percent may not add up to 100 due to missing cases.

Table 3.2 OUTCOME OF PREGNANCY
Percentage Distribution of Pregnancies of Currently Married Women age 15-44 years in each age group by Outcome of pregnancy in SHIMOGA 15-45 district in KARNATAKA state

	Perc	ent pre	unancies t	Percent pregnancies terminated in	in	Number
Age Group	Live	Still Birth	Spont. Induced Abortion Abortion	Induced Abortion	Total	Total Pregnan- cies
15-19	84.6	2.5	12.8	0.0	100.0	39
20-24	0.06	3.3	6.2	0.4	100.0	240
25-29	85.6	2.3	6.6	2.1	100.0	424
30-34	87.9	3.3	5.5	3.2	100.0	263
35-39	89.2	2.4	5.7	2.6	100.0	537
40-44	86.8	3.1	9.6	0.3	100.0	547
All Women	7.78	2.8	7.5	1.8	100.0	2350

rable 1 1 statistical Ever Born and Children Surviving by Selected Characteristics of currently married women age 15-44 years in SHIMOGA District in KARNATAKA state

							ļ	COMON
and thought characteristics		Male	Female	Total	Male	Female	Total	
. Age group								
	15-19	0.3	0.4	0.7	0.2	0.4	9.0	42
	0-5							9
	5-2						0	169
	0-3							8
	5-3							2
	0-4							3
200000000000000000000000000000000000000								
	Rural							3
	Urban	1.2	1.0	2.2	1.1	1.0	2.0	214
Religion								
	npulH							761
								7
	Christian							10
							•	5
	Buddhists	0.0	0.0	0.0	0.0	0.0	0.0	0
	Others					•		0
1.43 Ee								
	Scheduled Caste							121
	Scheduled tribe	1.2	1.3	2.6	1.0	1.2	2.2	79
	OBC							324
	Others				•			4
Ethication								
	Illiterat							8
		1.2	1.1	2.3	1.1	1.0	. 2.1	244
	10 years and above							N
Standard of Living Index								
	LOW							-
	Medium	1.5	1.1	2.3	0.0	0.0	2.7	335
	- Str	.			. 1		.	o 1
All Women		1.2	1.1	2.4	1.1	1.0	2.2	851

Literate persons with no years of schooling is included here.

CHAPTER 4

UTILISATION OF MATERNAL AND CHILD HEALTH SERVI

In this chapter, knowledge about and utilization of maternal and child health care are highlighted.

4.1 Maternal Services

(a) Ante-natal Care

Most of the women had received Antenatal Care (98 per cent). Fifty nine per cent had received at home from health workers and 46 per cent from government health (Table 4.1 and Fig 4.1)

(b) Type and Sources of Antenatal Care

Over two-third of them had received TT, Iron and Folic Acid Tablets and checkup. Most of them had received ANC during first trimester. Over two third of the had their weight taken, blood pressure measured and had Abdominal check up. Women in urban area, literate and educated and better off sections were better placed in the providence of the ANC. (Table 4.2 and Fig 4.2)

(c) Reasons for Not Seeking Antenatal Care Services

The number of women who did not receive any ANC was only six and they report they did not feel the necessity, distantly located as the main reason for not seeking ANC 4.3).

(d) Pregnancy Complications and Treatment

While most women were aware of pregnancy complications, more than two-thirc had experienced complications during pregnancy. Weakness and tiredness, dizziness:

of the complications reported by them. Among them 67 per cent received treatment both from private doctor followed by 40 per cent from public doctor (Table 4.4 and Fig 4.3)

(e) Natal Care

Sixty two percent of the deliveries in the district were conducted in institutions – majority of them in private institutions. For the remaining 38 per cent deliveries at home, more than half of them were attended by medical and para medical personnel. Among deliveries at home, for 42 per cent the Disposal Delivery Kit (DDK) was used (Table 4.5).

(f) Post-Natal Care

Forty per cent of women had reported delivery complications such as obstructed labour, prolonged labour etc. Forty three per cent of them had post delivery complications such as lower abdominal pain, excessive bleeding, etc. Fifty Eight per cent of post delivery complications were treated mainly at private institutions (Table 4.6 and Fig 4.4 & 4.5)

4.2 Child Care

(a) Birth Weight of New born Babies

Sixty three per cent of the babies were weighed within two days after birth. sixteen per cent of women reported their child to be anaemic – 17 per cent in rural and 10 per cent in urban (Table 4.5).

(b) Immunization of Children

Ninety three per cent of children age 12-36 months were fully protected against Polio, DPT, Measles and Tuberculosis. However, 82 per cent of them had received vitamin 'A' dose and only 5 per cent IFA Tablets/ liquid (Table 4.7and Fig 4.6)

(c) Source of Immunization

Most of the children (90 per cent) had received immunization services from government sources. (Table 4.8) Those who received from private sources was higher in ur (21 per cent) compared to rural (5 per cent).

(d) Reasons for Not Immunizing the Child

Only three children had not received any dose of immunization in the district (Table 4.

(e) Breast feeding and Weaning Practices

Seventy seven per cent of women were advised on breast-feeding. However, less thalf of the women (46 per cent) had breasted their child after birth. Two-third of children we exclusively breastfed at least for four months. Thirty seven per cent of them were introduced semi - solid food at 4th or 5th month. And more than three-fourth of women introduced the children to solid food between 6 to 12 months (Table 4.10 and Fig 4.7)

(f) Awareness and Treatment of Diarrhoea and Pneumonia

Over fourth—fifth of women were aware of what to do in case the child gets diarrho About 72 per cent of them knew about ORS. Twenty seven per cent of women reported their child suffered from diarrhoea during two months prior to survey. Majority of them we treated with the private health facility followed by ORS (Table 4.11 and Fig 4.7)

Awareness among women regarding pneumonia was 56 per cent. Twenty one per cent women reported that their child suffered from pneumonia during the reference period and most of them were treated in private institutions (Table 4.11).

-	ı
	ı
-	ı
-	
•1	
×	
~	
as .	
2	
Œ.	
4	
KARNATAK	
-	
-	
4.0	
trict	
_	
-	
43	
7	
SHIMOGA	
0	
0	
E	
-	
10	
0,	
-	
-	
-	
CS	
U	
-	
3	
-med	
See	
Ga.	
4.4	
~	
-0	
2005	
40	
character	
2	
-	
7	
2	
-	
-	
2	
-	
2	
-	
-	
-	
10	
-	
0.0	
3	
-	
140	
0.0	
-	
-	

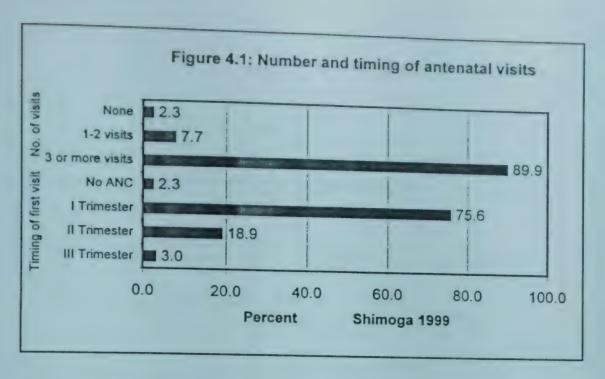
ackground Characteristics		ANC	ANC	Total	Number	Percentage women with		distribution* ANC by source	of ANC
		3	(2)	(3)	women (4)	ANC at home from H.W.	Govt. Health Facili- ty (6)	Private Health Facility (7)	Other (8)
. Broad Age Group Les	Less than 20 years 20-34 35 years and above	99.6 93.6 93.3	4.5 1.3 16.6	100	22 225 12	66.6 57.6 60.0	57.1 45.9 30.0	52.3 60.8 70.0	10.0
. Residence	Rural Urban	97.6	1.9	100	208	67.0	48.7	57.6	4.0
3. Education	Illiterate 0-9 @ years 10 years and above	93.8 100.0 100.0	0.00	1000	97 85 77	64.8 64.7 44.1	58.2 49.4 28.5	38.4 63.5 83.1	1.1
4. Religion	Hindu Muslim Christian Sikhs Buddhists	97.6	2000 W		216 37 4 0	60.6 47.2 50.0 50.0	5000 + + + + + + + + + + + + + + + + + +	56.4 83.3 100.0 ***	00000
5. Caste	Scheduled Caste Scheduled tribe OBC	97.5 94.4 96.8	2.0 0.0 0.0	1000	4 0 1 8 0 8 8 8 8	79.4 58.8 59.7	61.5 70.5 57.6 19.1	33.3 35.2 83.1 83.1	0.00
5. Standard of Living Index	Low Medium High	95.6 100.0 100.0	6.00	100	138 95 26	66.6 57.8 19.2	61.3 33.6 15.3	44.7 73.6 92.3	0.0
All Women		97.6	2.3	100	259	58.5	46.2	49.4	0.7

Literate persons with no years of schooling is included here. Percentage may exceed 100 due to multiple answers. Women who had their last live/still birth since Jan 1, 1996.

Percentage Distribution of women * by Type of Ante Natal Care by selected background characteristics in SHIMOGA District in KARNATAKA

	TOTAL	Resi	Residence	Caste	te	Edi	Education		Standard c	of Living	Index
Antenatal Care		Rural	Urban	sc/cr	Other	1111t.	0-90 years	10 years 6 above	Low	Medium	High
1. Percentage Distribution of Women by Number of ANC Visits											
	2.3	•				9	•		4.		
1-2 3 and above	89.9	88.4	96.0	15.5	92.6	75.2	97.6	100.0	84.7	96.8	92.3
First ANC Visit											
None First Trimostor	75.5		- 0		α	۵ ۵		ے م د		٥٠.	
	18.9	r 60 (15.6	24.1	17.1	23.7	17.6	14.2	21.7	16.8	11.5
Third Trimester	3.0		٠	•	•		•	•		. 1	• 1
3. Percent of Women who had											
their	68.7	63.9	88.2	58.6	71.7	46.3	72.9	92.2	51.4	87.3	92.3
	0.10		0	•	د		٠,	p c	٠,	r <	
d. taken one TFE Tablet a Day Regularly	47.0	; 4	o o		; r	າ ດີເຂ	, ,	· ·	2:	. 6	
	38.2	0	. 6		:		0	6	0	2	
No Injection	3.8			8		8					
One Injection	10.4		7.		7		œ ·	6		ထ (-
Two Injection	84.5	84.6	84.3	72.4	88.9	77.3	89.4	88.3	80.4	80.4	20.00
Do not remember	1.1							•	•	•	
g. Abdominal Check-up	7					_			7		
1=2	20.0	• •				2	,		26.	<u>ر</u>	
3 or more	74.1	73.0	78.4	63.7	77.9	53.6	82.3	6.06	64	83.1	92.3
Do not remember	1.1		-		-	2.	0		0	2	0
	79.1				•	•			76.		
i. 2 TT + IFA + atleast 3 ANC	71.0		8	•	7.	7.	0	•	.99	œ	5
Number of Women	259	208	51	58	163	97	85	77	138	95	26

Literate persons with no years of schooling is included here. Women who had their live/still birth since 1st January 1996.



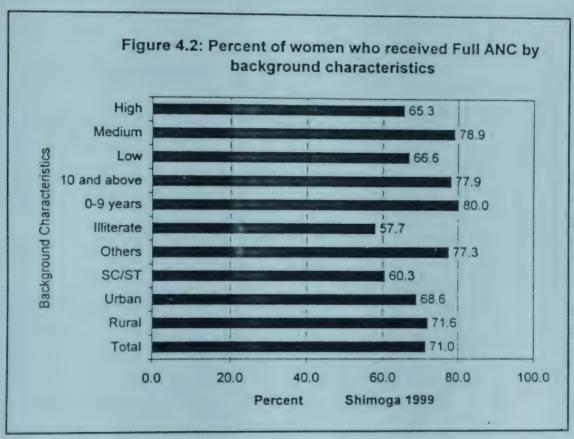


Table 4.3 REASONS FOR NO ANC.

Percentage Distribution * of women ** who did not get any Ante Natal Care by Reason by selected background characteristics in SHIMOGA District in KARNATAKA state

	TOTAL	Res	Residence	Caste	te	Ed	Education		Standard	Standard of Living Index	Index
Reasons		Rural	Urban	sc/cr	Other	Illit.	0-90 years	10 years	LOW	Medium	High
1. Lack of Knowledge of Services	0.0	0.0	0.0	0.0	0.0	0.0	* * * * * * *	* * * * * * *	0.0	* * * * * *	****
2. Did Not Feel the necessity	66.6	0.09	100.0	50.0	9.99	9.99	* * * * * * *	* * * * * * *	9.99	* .	
3. Not Customary	0.0	0.0	0.0	0.0	0.0	0.0	* * * * * * *	* .	0.0	* * * * * *	****
4. Financial Cost	16.6	20.0	0.0	0.0	33.3	16.6	* * * * * *	* * * * * * * * * * * * * * * * * * * *	16.6	* * * * * *	***
5. Distantly Located	33.3	40.0	0.0	50.0	33.3	33.3	* * * * * * *	* * * * * * *	33.3	* * * * * * * * * * * * * * * * * * * *	
6. Poor Quality Services	0.0	0.0	0.0	0.0	0.0	0.0	* * * * * *	***	0.0	*	
7. No time to go	0.0	0.0	0.0	0.0	0.0	0.0	* * * * * *	* * * * * *	0.0	* * * * * * * * * * * * * * * * * * * *	* * * * *
8. Not permitted to go	16.6	20.0	0.0	50.0	0.0	16.6	* * * * * *	* * * * * *	16.6	*	* * * *
9. Others	0.0	0.0	0.0	0.0	0.0	0.0	* * * * * * * * * * * * * * * * * * * *	* * * * * *	0.0		* * * * *
Number of Women who did not get ANC	9	2	1	2	0	9	0	0	9	0	0
4 4 4 6											

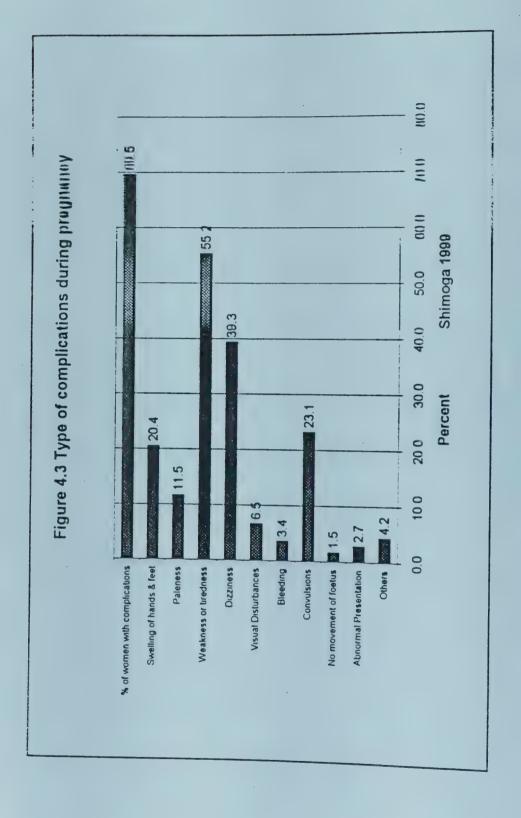
Literate persons with no years of schooling is included here. Percentage exceeds 100 due to multiple reasons. Women who had their last live/still birth since Jan 1, 1996.

8 91.8 92.1 90.7 92.9 10 years how years 1.3 19.2 11.3 12.5 11.3 12.5 11.5 11.7 67.5 69.0 11.7 67.5 69.0 11.5 11.5 11.7 10.3 12.9 11.6 11.1 11.7 10.3 12.9 11.6 11.1 11.7 10.3 12.9 11.6 11.1 11.7 10.3 12.9 11.6 11.1 11.7 10.3 12.9 11.6 11.1 11.1 11.1 12.6 11.6 11.1 11.1	The second secon	Total	Re 9.1	rdence	Ed	Education		Standard	of Living	Index
nancy 69.5 68.7 72.5 69.0 71.7 67.5 611.4 gnancy 41.7 42.3 19.2 36.0 71.7 67.5 611.5 gnancy 41.7 42.3 19.2 36.0 71.7 67.5 611.1 defeet 20.4 20.1 21.5 11.3 23.5 28.5 11.5 61.6 cedness 55.2 54.8 56.8 51.6 11.7 72.9 58.8 51.9 11.7 ceding 23.1 23.0 37.2 43.3 40.0 33.7 41.7 41.5 11.6 ceding 23.1 23.0 24.7	many y Complete the transfigure of the almost			Urban	1116	-90 ear	o year	Low	Hodium	High
Anney 69.5 (68.7 72.5 69.0 71.7 67.5 67.5 gnancy drives 55.2 54.8 56.8 54.6 58.8 51.9 11.5 11.5 11.3 23.5 28.5 11.5 11.5 11.5 11.7 7.2 58.8 51.9 11.6 11.7 7.2 54.8 55.9 54.8 55.2 54.8 55.2 54.8 56.8 54.6 58.8 51.9 11.6 11.7 7.2 6.5 6.8 51.9 11.6 11.7 7.2 6.5 6.8 51.9 11.6 11.7 7.2 6.5 6.8 51.9 11.6 11.7 7.2 5.1 1.0 11.1 2.6 7.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 11.1 2.1 2	y which the search of Prespons y	-	-			2	2	5	9.1.6	96.1
d Feet 20.4 20.1 21.5 11.3 23.5 28.5 11.5 leness 11.5 11.5 11.7 10.3 12.9 11.6 11.7 Inchess 55.2 54.8 56.8 56.8 58.8 51.9 11.7 21.6 11.7 21.7 21.7 21.7 21.7 21.7 21.7 21.7	Percent Wemen had Complication during pregnancy	6	80	2	9.	-	-		611.4	16.9
d Feet 20.4 20.1 21.5 11.3 23.5 28.5 11.6 leness 55.2 54.8 56.8 54.6 58.8 51.9 11.6 liness 55.2 54.8 56.8 54.6 58.8 51.9 11.6 liness 55.2 54.8 56.8 56.8 51.9 11.6 liness 55.2 54.8 56.8 51.9 11.7 10.3 12.9 11.6 liness 55.2 11.7 12.9 11.6 liness 55.2 11.7 12.9 12.9 12.0 lines 55.1 11.7 12.6 12.6 lines 55.1 12.9 12.0 12.0 12.0 12.0 12.0 12.0 lines 5.1 12.0 12.0 12.0 12.0 lines 5.1 12.0 12.0 12.0 12.0 12.0 12.0 12.0 12	Policent Women had Complication during pregnancy	-	5	6	9	8	-	42.1	42.1	34.6
dreet 20.4 20.1 11.5 11.7 10.3 12.9 11.6 liveness 55.2 54.8 56.8 56.8 56.8 56.8 56.8 56.8 56.8 56	percent of Women. by type of Complications		(-	~	α			
SS.2 54.8 56.8 54.6 58.8 51.9 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.2 11.7 1.3 1.3 1.3 1.3 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0	a) Swelling of Hands and Feet	20.	o ~		. 0	5			11.5	7.6
15 39.3 39.9 37.2 43.3 40.0 53.7 15.8 15.8 15.2 11.7 7.2 8.2 5.8 2.6 7.7 24.7 24.7 19.4 2.6 7.7 24.7 24.7 24.7 19.4 2.6 7.7 24.7 24.7 2.6 7.7 2.7 3.3 3.9 4.1 3.5 5.1 4.7 2.6 7.7 2.6 7.3 66.2 72.2 53.1 72.9 75.8 6.2 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	C) Weakness or Tiredness	55.	4		4	8	-10		-	
Series 2.0	d) Dizziness	39.	6		ب د	0 0	٦ ،	-		
or 39.8 40.0 38.8 50.0 43.2 24.1 49.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	e) Visual Disturbances	٥٠			2:		20		2	0
or 39.8 40.0 38.8 50.0 43.2 24.1 49. 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0	furnasia (1	23.	٦.		4	4	6			
or 4.2 4.3 3.9 4.1 3.5 5.1 4.9 or 90.7 90.9 90.0 91.4 90.2 90.6 84. or 39.8 40.0 38.8 50.0 43.2 24.1 49. or 67.3 66.2 72.2 53.1 72.9 75.8 76.8 ai 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 ai 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 rs 2.7 3.4 3.4 5.6 ai 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 rs 2.0 1.2 5.5 0.0 0.0 6.9 0.0	h) Weak of no Movement of Foetus		0						-	
or 39.8 40.0 38.8 50.0 43.2 24.1 49.0 cr 39.8 40.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	1) Abnormal Presentation	C 4	0 1						4.2	
or 39.8 40.0 38.8 50.0 43.2 24.1 49.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		-		,						
or 39.8 40.0 38.8 50.0 43.2 24.1 49. or 67.3 66.2 72.2 53.1 72.9 75.8 NM 5.1 6.2 0.0 6.2 6.2 5.4 3.4 ai 0.0 0.0 0.0 0.0 0.0 0.0 ai 0.0 0.0 0.0 0.0 0.0 0.0 is 2.0 1.2 5.5 0.0 6.9 0.0	ing one Women who had Complications and		0	0	-	0	0		97.5	00.8
Government Doctor 39.8 40.0 38.8 50.0 43.2 24.1 49. Frivate Doctor 67.3 66.2 72.2 53.1 72.9 75.8 76.8 76.0 Frivate Nurse 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	1) Percent of Wemena who Sought Treatment by									
Private Doctor 67.3 66.2 72.2 53.1 72.9 75.8 78.	9	39.	0	8	0	۳.	4	49.0		- 0
Pilvate Nurse 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.	Private Doctor	67.	9	2	6	2	S.	2.2	5 .	1.
2.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Government Burge/LHV/ARM	s c							40	00.0
2.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	Trained Dai							0.0		
2.0 1.2 5.5 0.0 0.0 6.9 0.	ind bained full	0						0.0		
	Others	2.					•	0.0	- 8	
1	10	259	208	51	97	85	77	1 18	9.6	26

recentage exceeds 100 due to multiple response.

n who had their last live/still birth since 1-1-1996.

plications a, e, f, g, h and i are considered.



				1			The Person Name of Street, or other Persons or other Pers				
(1)	92	134	75	81	95	161	99	8 8	204	252	.er of Women had live births
1 0		17.1	14.6	17.2	15.6	17.3	14.2	10.4	17.1	15.8	restant of Women reported their child having response below 2500 gms
96.1	79.3	44.7	88.0	9.99	39.5	68.3	50.0	85.4	57.3	62.7	Percent of Women who had their babies weighed within two days of child birth
26	95	138	77	85	72	163	58	51	208	259	meet of Women had live birth/still birth
15.3	40.0	52.1	36.3	51.7	43.3	44.	50.0	15.6	50.9	0.0	Percent of Women who had post delivery follow-up Visit (Within Two Week)
 	win.		i w m		2.0	00	47 (7)	12	mi	(N (D)	Other Sercent of Home deliveries where DDK was used
, , , , , , , , , , , , , , , , , , ,	500	N 77 77	9000	400 0	40 m	000	0 - 7	4000			Doctor Nurse/ANM Trained Dai
											a. Percentage Distribution of home deliveries by Type of Assistance during delivery
.;	20.0	57.2	15.5	31.7	60.8	33.7	46.5	13.7	43.7	37.8	Percent of women who had Nome Deliveries
47 48	4 3 3 4 4 5 4 5 4 5 4 5 4 5 4 5 6 5 6 5 6 5 6	ال الما	00	- 00	(n)	00	- m	T (i)	47.0		Private Institution
											2.0
, ,		(*T' . g)	(1) (2)	(3)	0.00	2. S.	(1) (0)	5.°°°	(1)	waters of women and had Institutional Deliveries
* :	1	¢ , 1	10 years s above	07 - 1 0 - 1 1 0 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	47 .1 .1	1: 1: 0	50/00	13 (0)	ू व रहा है। है।		pearece recent accessors and accessors
		# " " " " " " " " " " " " " " " " " " "		incation	E	225	()	ם היים מיים	S OF	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	26.11	15.7 20.0 20.0 15.7 12.7 12.1 36.8 14.0 15.3 95 26.1 14.1 15.3	57.2 20.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0	30.7 66.1 44.7 15. 66.1 15.5 69.2 66.1 15.5 57.2 20.0 0.0 15.7 15.8 16.8 16.8 16.8 16.8 16.8 16.8 16.8 16	5. 10. years 1 15.5 20.0 15.7 15. 15. 15. 15. 15. 15. 15. 15. 15. 15.	Education 135.1	Tee Education	Caste Education States 10. years 1 1 1 1 1 1 1 1.	34.0 61.2 53.4 66.2 35.1 66.2 64.4 42.7 65.8 13.9 65.2 64.7 15.9 65.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.1 66.2 65.2 65.2 65.2 65.2 65.2 65.2 65.2	Februarin Casse Education state	1. Sesseene Carea Education Interest of the control

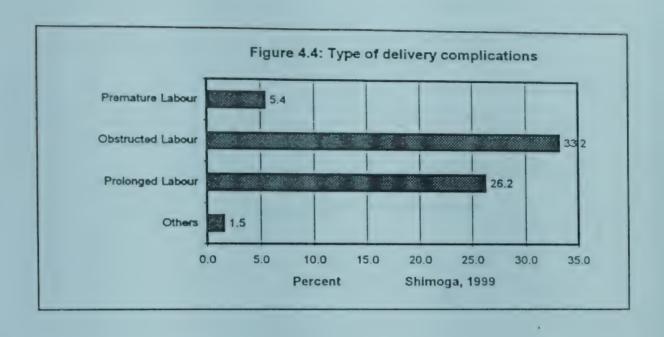
y ord was their last live/still birth since 1996.

	Total	Resi	Residence	EC	Education		Standard	of Living	Index
Complications/type of treatment		Rural	Urban	1111t.	0-90 years	10 years & above	LOW	Medium	High
1. Percent of Women who had Delivery Complications	40.1	38.4	47.0	32.9	50.5	37.6	34.0	46.3	50.0
2. Percent of Women** by type of Complications									
Premature Labour Obstructed Labour\$	33.2	32.6	11.7	3.0	43.5	6.4	26.8	38.9	3.8
Froionged Labour(12+ hours) Any other			31.3			5.0			
3. Percent of Women who had Post Delivery Compl.	43.2	44.7	37.2	46.3	44.7	37.6	47.8	38.9	34.6
4. Percent of Women** by type of Post Delivery Complications									
Lower Abdominal Pain	14.2	14.4	13.7	18.5	15.2	7.7	15.2	14.7	7.6
Foul Smelling Vaginal Discharge				8					
Dizziness, Sever Headache									
Other				<u>-</u>				•	
Dorror of Women's to had bed bed by the state of the stat									
Who	81.2	9.08	84.2	68.8	92.1	86.2	75.7	89.1	88.8
1. Percent** of Women who sought treatment by Source of Treatment									
Government Doctor		•	25.0				54.0	27	
Private Doctor	2.2	2.6	0.0	52.2	0.0	0.0	0.04		0.0
ANM/Nurse			0.0				8.0	~	
Trained Dai			000			•	0.0		
Others			00				000		
Number of Women	259	208	51	97	85	77	138	95	26

Literate persons with no years of schooling is included here. Women who had their last live/still birth since 1996.

Total percent may exceeds 100 due to multiple reasons.

Included Obstructed Labour and Breech presentation.



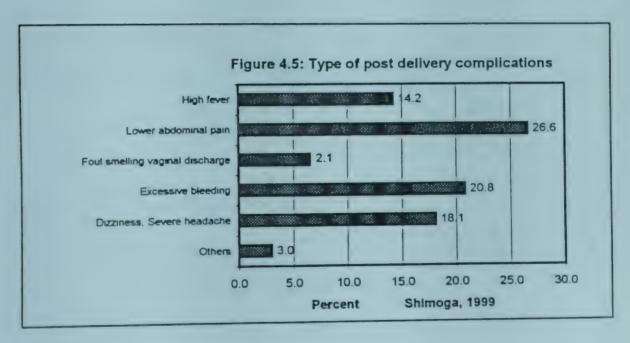


Table 4.7 VACCINATION OF CHILDREN
PERCENTAGE DISCIDENTION of Children* (born during 1-1-96 to 30-04-98) who Received Vaccination by Type of Vaccination by selected background characteristics
in SHIMOGA DISCRICTION State

	-												
	Total	Re	Residence	Š	Sex	Caste	9:	Ed	Education		Standard	of Living	Index
Type of Vaccination		Rural	Urban	Male	Female	SC/CT	Other	1111t.	0-90	10 years	Low	Medium	High
Polio 0	60.3	57.5	71.7	61.6	5.8 K	7 8 Y	0 27	- 1 0) cars	200	- 1	- 1	
BCG						•	6.00	47.1	63.4	84.9	48.6	74.6	76.4
600	98.4	99.3	94.8	100.0	96.5	100.0	98.3	97.5	98.4	100.0	98.2	100.0	94.1
DPT Doses No DPT 1	20.0	1.2	10.2	000	4.6	0.0	2.4	2.4	3.1	1.8		1.4	
	95.9	97.5		98.2	93.1	95.4	97.5	93.9	0.0	98.1	95.59	0.08	0.0
Pollo Doses	2.0	0.0	10.2	8.0	3.4	0.0	1.6	1.2	3.1	1.8	0.9	2.8	
	1.5	1.8	0.0	8.06	200	2.2		2.2.5		8.0	1.8	4.0	0.0
× 000						731	93.9	43.9	93.6	96.2	94.5	95.7	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	96.4	8.96	94.8	99.1	93.1	6.06	99.1	92.7	98.4	100.0	94.5	98.5	100.0
Full (BCG + 3 DPT + 3 Polio + Measles)	92.9	95.0	84.6	95.5	9.68	9.88	95.1	91.5	93.6	94.3	92.7	95 7	82 3
Percent of children who had no vaccination at all	0.5	0.0	2.5	0.0	1.1	0.0	0.0	1.2			0		
Vitamin A doses	18.0	16.8	23.0	17.8	18.3	13.6	15.3	26.5	11	13 2			
2	46.2	23.1	10.2	21.4	19.5	27.2	21.7	21.6	25.4	13.2	19.8	22.5	17.6
m	13.0	13.1	12.8	13.3	12.6	0.0	13.7	39.7 10.8	19.0	60.3			52.9
S	 	0.0	0.0	000	2.3	000	4.0	200	9.0	, co	100	2.8	0.0
Iron Folic Acid Tablets/Liquids	5.0	6.2	0	6.3	2	,			9	0.7	0.0	1.4	0.0
Number of Children				;	;	7.7	6.0	0.9	6.3	1.8	7.2	2.8	0.0
	199	160	39	112	87	4.4	124	83	63	53	111	71	17
4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4													4

Literate persons with no years of schooling is included here. Includes only last and last but one living child.

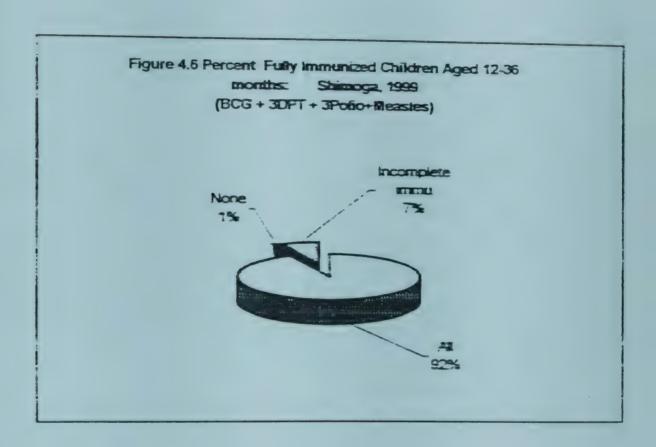






Table 4.8 SOURCE OF IMMUNISATION
Percentage of children * (Born during 1-1-96 to 30-04-98) who had any Immunisation by Source of Last Immunisation by selected background characteristics in SHIMOGA District in KARNATAKA state

		Total	Res	Residence	Caste	e :	Ed	Education		Standard of Living Index	of Living	Index
Source of Immunisation			Rural	Urban	SC/CT	Other	rllit.	0-90 years	10 years	Low	Medium	High
Government												
	Government Hospital	21.8	15.6	52.9	18.1	26.0	12.2	22.5	35.8		28.1	43.7
	PHC/CHC	17.7	21.2	2.9	20.4	17.8	19.5	17.7	15.0	20.9	15.4	6.2
	ANM /Willage gooden	7.6		0.0	0.6	6.5	12.2	3.2	5.6		2.8	6.2
Private	one (viilage session)	42.6	48.1	20.5	47.7	39.0	53.6	20.0	16.9		33.8	18.7
	Private Hospital	9.9	3.7	1117	0		,	•	0	0		
	Private Doctor	2.5	1.2	8.8	2.5	1.0	1.2		10.9	0.0	12.0	
Other Know		1.0	9.0	2.9	2.2	0 0	0.0	1.6		000	1.6	
		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Number of Children receiving any immunisation	any immunisation	197	160	37	44	123	82	62	53	110	70	17

Literate persons with no years of schooling is included here.
Includes only last and last but one living children.

~	7
~)

	BCG	Incomp. DPT 2	Incomp. Incomp. DPT POLIO	MEASLES 1,2 6	1,2 6 3
1. This is time of Immunisation Unknown 1. Pear of Side Effects 1. No Fifth in Immunisation 5. Place and Time of Immunisation Inconvenient 6. Long Waiting Time 7. Alm Absent 8. Vaccine Not Available	0.00	0.00	0.0 0.0 0.0 0.0 0.0 0.0 14.2 85.7	42.8 0.0 0.0 0.0 0.0 0.0 0.0 0.0	100000
and the state of t	8	5	2	7	

· In ludes only last and last but one living child.

Percentage of women* given advise on breast feeding and who gave Colostrum to Child by selected background characteristics in SHINOGA District in KARNATAKA state Table 4.10 BREAST FEEDING AND CHILD NUTRITION

	Total	Res	Residence	Caste	e	Ec	Education		Standard	of Living	Index
Breast feeding/Child nutrition		Rural	Urban	SC/CT	Other	Illit.	٥ کړ	10 years & above	Low	Medium	High
1. Percent of Women who were Advised on Breast feeding	77.0	76.8	78.0	65.5	81.1	65.6	77.5	6.06	70.1	85.8	81.4
a. Percent distribution** of women who were advised by source of advice Doctor Murse/ANM Dai Relatives/Friends	55.3 29.7 4.1 33.8	50.6 30.1 5.1	74.3 28.2 0.0 33.3	31.5 34.2 5.2 42.1	64.3 28.6 30.2	28.5 25.4 6.3 47.6	56.4 30.6 4.8	78.5 32.8 1.4	35.1 34.0 8.5	70.8 24.0 0.0	86.3 31.8 0.0
Other	0.0	0.0					0	0	0		
Za. Percent of women who breastfed the child without squeezing out the milk	45.8	41.8	62.0	37.9	48.4	40.6	42.5	55.8	36.5	53.2	9.99
2b. Percent of women who breastfed the child Within two hours of birth After two hours but same day After two hours but 3 days	41.9	39.4 24.1 26.1	52.0 16.0 28.0	24.1 27.5 31.0	48.4 20.1 23.2	26.0	51.2 13.7 30.0	51.9 28.5 14.2	35.8 18.6 31.3	50.0 28.2 18.4	44.4 22.2 29.6
	0.0	ν.α				4				•	
3. Percent of women# whose children were on on exclusive breast milk	60.0	64.2	0.0	71.4	50.0	57.1	60.0	9.99	66.6	50.0	0.0
 Percent of women## whose children were breast- fed exclusively for atleast four months 	64.7	62.9	71.4	64.7	62.0	68.5	9.99	58.1	63.1	65.5	69.2
5. Percent of women## who introduced their children to semi-solid food at 4th or 5th month	36.5	37.0	34.6	25.4	40.5	31.4	36.0	43.2	34.4	38.8	38.4
6. Percent of women### who introduced their children to solid food at 6th to 12th month	76.2	73.6	9.98	73.9	74.3	7.08	68.1	78.8	76.7	74.7	79.
Mumber of Wemen	253	203	50	58	159	96	80	77	134	92	27

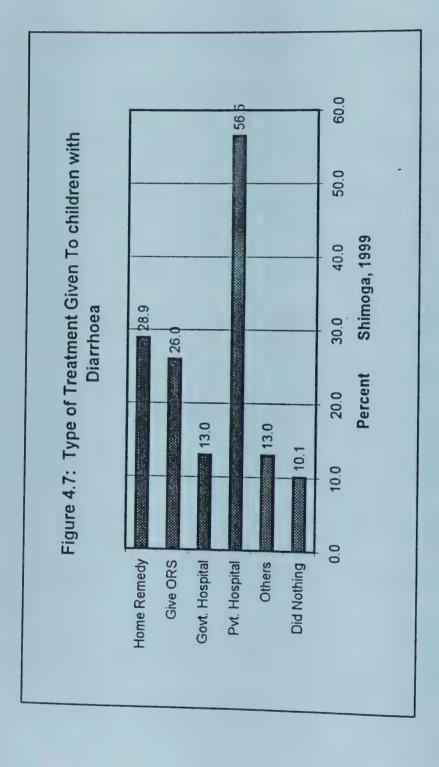
Literate persons with no years of schooling is included here. Percentages exceed 100 due to multiple response With youngest child born after 1-1-1996.

Women whose children were less than 4 months at the time of survey Women whose children were 4 months or older at the time of survey Women whose children were 6 months or older at the time of survey

	TOTAL	Pesi	Jerse e	Cast	ite	0.3	Education		Standord	of Living	Tropos
1 1 1 APPENDED AND THE PERSONNELLA		H of A	1) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	SC/CT	Other	11111.	0-96 years	10 years	Low	Medium	Migh
hard of warm and of what to do if child gets hard out the distribution of women. by reported the of providing gets	20 3.	79.B	0.06	6.8	84.2	76.0	82.5	88.3	73.8	90.2	92.5
Sugar Salt solution Continue normal food Continue breast feeding Give plenty of fluids Others	1.010114 2.000114	0.01 0.01 0.01 0.01 0.01	8 4 9 4 9 9	0.0000	10.6 2.5 0.0 1.8	20.00.0	7.87 7.00 0.00 2.57 7.50 7.50	0 0 0 0 m m	2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2 2.2	4.000000	11000
harden den ing Two Marths Prior to Survey in the control of women. By type of the control of women.	27.2								6		
Home Remedy Gaye ORS Treated in Government Hosp. Treated in Private Hosp. Others	28.9 26.0 13.0 56.5 10.1	28.0 26.3 14.0 63.1	25.0 25.0 25.0 25.0	86.52 6.65 6.65 6.65 6.65 6.65 6.65 6.65	28.5 26.1 14.2 50.0 19.0	28.0 56.0 20.0 20.0	27.5 20.6 10.3 13.7 10.3	85 H 18 H	38.5.4 12.8 12.8 7.6	12.0 12.0 16.0 16.0	200000
is the of wearen aware of danger signs of	56.1		80 (0	•		67.3	48.1
Host able to Drink of take a Feeding Chest in-drawing Lowery and Hifficulty in keeping awake Fain in Chest and Productive Cough Wheezing Condition gets Worse than before Rapid Breathing		* W W W W O - W O - A W O - W	00044 00044		* 8 8 8 8 9 8 9 7 9 7 9 9 9 9 9 9 9 9 9 9	88 8 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		0.4 w - VI O - V / W W	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	32.00 32.00 32.00	
The of women whose Childs suffered from the busing Two Matths Prior to Survey interprofitting ion of women. By type of the first of the former Home Remedy Treated in Government Hosp. Treated in Private Hosp. Others	20.9 13.2 22.6 66.0 1.6	21.6 25.0 65.9 4.5	18.0 22.2 11.1 66.6 0.0	20.6 25.0 25.0 50.0 8.3	18.8 13.3 70.0 13.3 6.6	23.9 13.0 26.0 60.0 8.7	16.6 17.2 77.2 5.5	25. 28 26.00 8.00 8.00 8.00 8.00 8.00 8.00 8.00	22.3 13.3 36.6 50.0 6.6	11	22.2 16.6 0.0 66.6 16.6
7	253	203	50	58	159	96	80	77	134	92	27

repersons with no years of schooling is included here.

The person is 100 due to multiple response.



CHAPTER 5

FAMILY PLANNING

Family planning knowledge and services and its side effects among currently married women explained in this part.

Knowledge of Contraceptive Methods

Knowledge regarding any one modern contraceptive method is universal. Same is the se with regarding spacing methods (99 per cent). Knowledge gradually declined for other ethods – male sterilization 95 per cent, pill 95 per cent, and condom only 85 per cent. nowledge about traditional methods were reported by lesser per cent of women. Literate and tter off sections have relatively higher understanding about these methods (Table 5.1).

2 Current Use of Contraception

1

Acceptance of contraception is high in Shimoga district as nearly 69 per cent of currently arried women are currently practicing contraception. Surprisingly contraceptive practice is the higher in rural areas – 70 per cent as compared to 68 per cent in urban. Use of methods her than female sterilization is very low (Table 5.2). Use of modern contraception method creases with the number of living children (Table 5.3 and Fig 5.1)

3 Source of Motivation and Supply of Modern Methods of Contraception

Most of the contracepting women reported that they were self-motivated followed

lower. Sterilization services are mainly provided by government health facilities (90 per cer (Table 5.4.)

5.4 Side-Effects of Contraception and Satisfaction with Current Use

Sixty one per cent of adopters of contraception were informed about side effects and per cent of adopters had experienced side effects such as Weakness, Body ache etc. More the two-third of acceptors were visited by health workers after acceptance. Most of the acceptor expressed satisfaction with the current use (Table 5.5).

5.5 Reasons for Discontinuation of Use and Current Non use of Contraception

Forty nine per cent of women who had discontinued reported that they wanted a child. The were altogether 35 in number (Table 5.6).

5.6 Advice on Contraception and Intention to Use in the Future

Over half of the women who had not used any contraceptive method in the past report variety of reasons that one are put in 'others' category. Opposition to family planning, difficult to get pregnant, afraid of side effects were some of the reasons cited for non-use (Table 5.6).

5.7 Unmet Need

Forty per cent of non-users were advised to use contraception to limit their family so Forty three per cent of them were advised to opt for IUD followed by female sterilization (38 cent). Only four per cent were advised about Nirodh. This indicates that female sterilization the most emphasiged method in the programme (Table 5.7).

Eighty two per cent of non-users expressed their intention to use a contraceptive met in the future. Ninety one per cent of them preferred female sterilization and only 9 per spacing methods (Table 5.7). Because of higher acceptance of contraception the unmet need

mily planning is at 9.2 per cent – 6.4 per cent for limiting and 2.8 per cent for spacing (Table 3).

8 Male's Choice of Family Planning Methods

More than half of the males in 20-54 age group have shown preference for female erilization (55 per cent). Male methods like Condom/Nirodh and male sterilization were refered by 43 per cent of males. One of the important reasons reported for preferring female erilization by males is fear of weakness (86 per cent). Other reasons cited are fear of operation 20 per cent), and other s (Table 5.9). A total of 779 male respondents were covered in the arvey.

Table 5.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Percentage of Currently Married Women age 15-44 years Knowing Contraceptive Method by selected background characteristics in SHIMOGA District in KARNATAKA state

	TOTAL	Resi	Residence	Caste	te	Ed	Education		Standard of Living	of Living	Index
Met hod		Rural	Urban	sc/cr	Other	Illit.	0-90 years	10 years	Low	Medium	High
1. Percent of women knowing All modern methods Any modern spacing method Any modern method Any modern method	81.9 99.0 100.0 100.0	77.3 98.7 100.0	95.3 100.0 100.0	69.5 97.5 100.0	86.3 99.4 100.0	68.3 98.1 100.0	88.9 99.5 100.0	97.7 100.0 100.0 100.0	70.6 98.0 100.0	91.0 100.0 100.0	98.0 100.0 100.0
Percent of women* knowing specific method Female Sterilisation Male Sterilisation IUD/Loop Daily Pill Weekly Pill Condom/Nirodh Rhythm/Periodic Abstinence Withdrawal Other Modern Methods Other Traditional Methods	999 995 395 805 665 665 665 665 665 665 665 665 665 6	99.8 99.8 99.1 35.4 60.4 60.4 0.6	100.0 100.0 100.0 52.3 52.3 74.7 62.1	100.0 93.5 97.0 90.0 23.5 76.0 37.0 0.5	000004488600 00004488600 000000000000000	100.0 93.2 97.6 90.9 73.2 73.2 0.2 0.2	100.0 94.6 99.5 98.7 45.4 92.2 67.6 0.0	99.5 1000.0 59.5 73.0 1.3	100.0 92.5 97.6 91.3 31.2 76.4 54.5 60.3	99.7 100.0 100.0 43.8 43.8 70.1 56.4	100.0 100.0 100.0 100.0 61.0 99.0 76.0
Jumber of Women	851	637	214	200	175	385	244	222	416	335	100
		The second second									ı

Literate persons with no years of schooling is included here. Percentage exceeds 100 due to multiple responses.

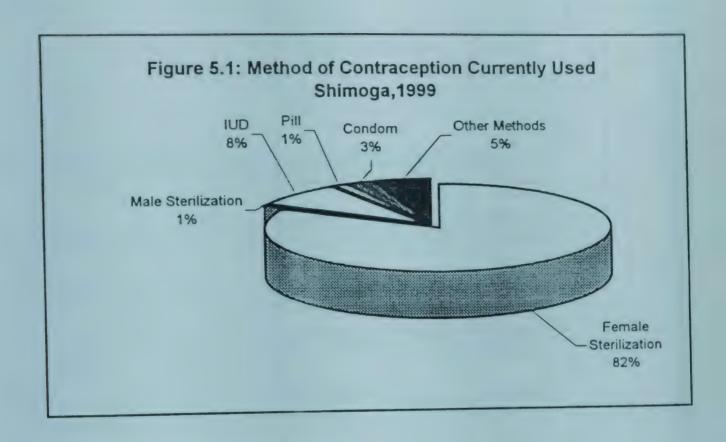


Table 5.2 CURRENT USE OF CONTRACEPTION
Percentage of Currently Married Women age 15-44 years Using Contraceptive Method by selected background characteristics in SHIMOGA District in KARNATAKA state

	TOTAL	Resi	Residence	Caste	te	Ed	Education		Standard of Living	of Living	Index
Method		Rural	Urban	SC/CT	Other	Illit.	0-90 years	10 years & above	Low	Medium	High
1. Percent of women/husbands using any method a. Any Modern Method i. Any permanent method ii. Any spacing method b. Any Traditional method	69.3 65.8 57.1 8.7	69.7 67.9 60.7 7.2	68.2 59.3 46.2 13.0 8.8	66.5 63.0 2.5 1.0	71.2 67.2 57.9 9.2 4.0	73.5	65.9 64.3 56.1 8.2 1.6	65.7 54.5 35.1 19.3	70.6 69.9 65.1 4.8	65.6 61.4 51.6 9.8	76.0 63.0 42.0 21.0
2. Percent of women/husbands using specific method Female Sterilisation Male Sterilisation IUD/Loop Pill Condom/Nirodth Rhythm/Period Abstinence Withdrawl Other Modern Methods Other traditional Methods	56.6 0.4 5.7 1.0 1.8 1.2 1.2 0.0	60.2 0.4 0.7 1.2 1.1 0.0	24 20 20 20 20 20 20 20 20	62. 0.00 0.00 0.00 0.00	2001199100 420019400	69 11:0 0:7 0:2 0:0 0:0	56 0.00 1.22 1.22 0.00	35.1 11.2 11.3 6.7 6.7 6.7 0.0	40 % 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0.00 0.00 0.00 0.00	42.0 0.0 11.0 3.0 7.0 8.0 8.0 0.0
. Non Users	30.6	30.3	31.7	33.5	28.7	26.4	34.0	34.2	29.3	34.3	24.0
Numbber of Women	851	637	214	200	571	385	244	222	416	335	100

@ Literate persons with no years of schooling is included here.

		Current	Use Statu	15	Use		No. of
	Use Modern Method	Use Tradit. Method	Use Any Method (CPR)	Not use any method	Ever	Never	i
A.p. (15 col). 15-19 20-24 25-29 30-34 40-44	11.9 38.4 64.5 85.0 78.4 76.3	00.00.00	11.9 41.4 68.0 87.7 84.1	88.1 31.9 12.3 19.8	11.9 46.09 90.39 90.39 88.5	88 53.0 26.0 9.6 11.4	145 1166 131 131
o 1 2 2 3 or more	3.4 78.0 87.6	1.1	45.7 81.2 88.6	95.3 54.2 18.7	9.4 91.8 91.4	90.7 45.1 14.1 8.5	86 166 283 316
Surviving sons 1 2 or more	27.6 71.8 89.6	4.0 5.4	31.6	68.3 22.7 10.0	38.0 82.7 92.6	61.9	221 370 260
s antologist daughters 0 1 2 or more	74.9	4.7	49.6	50.3 22.3 19.3	881.5 85.5	18.4	276
Hindu Muslim Other	67.0 54.6 60.0	3.1 2.6 2.6	70.1 57.3 86.6	29.8 42.6 13.3	74.5 66.6 93.3	25.4	761
Standard of Living Index Medium High	69.9 61.4 63.0	0.7 4.1 13.0	70.6 65.6 76.0	29.3 34.3 24.0	72.8 72.2 86.0	27.1 27.7 14.0	335
DEL WILLIAM	65.8	3.5	69.3	30.6	74.1	25.8	051

Table 5.4 SOURCE OF MOTIVATION AND SUPPLY FOR MODERN METHODS OF CONTRACEPTION

Percentage Current Users of Modern Methods of Contraception by Source of Motivation and Source of Supply by Method of Use in SHIMOGA District in KARNATAKA state

			Method of Contraception	Contrac	seption	
Source	Female Steril.	Male Steril.	IUD/Loop	Pill	Condom/ Nirodh	Any of the 5 Modern Methods
1. Percentage distribution of women by source of motivation for contraceptive use Self	52.7	0.0	S	44.4	12.5	
Husband	25.3	100.0		11.1	81.2	25.3
Friends/Relatives	3.5	0.0	6.1	0.0	0.0	
	17.8	0.0	38.7	44.4	6.2	
Media	0.2	0.0	0.0	0.0	0.0	
Others	0.4	0.0	0.0	0.0	0.0	0.3
2. Percentage distribution of women by source of						
	89.6	75.0	59.1	33.3	50.0	
Private Health Facility	6.8	25.0	38.7	33.3	25.0	10.7
Others	3.3	0.0	2.0	11.1	0.0	
Do not know	0.2	0.0	0.0	22.2	25.0	1.2
Number of Current users	482	4	49	6	16	260

			I		I	
			Method of		Contraception	
O 111 C	Female Steril.	Male Steril.	IUD/Loop	Pill	Condom/ Nirodh	Any of the 5 Modern Methon
Training the Method	60.5	75.0	27.5	66.6	50.0	61.9
Personal who had Side Effects/Health Problems due to Use of Contraceptive Method a. Percent of Women/Husbands* by Type of Health First Leadside Effects	23.0	25.0	24.4	22.2		22.5
Weakness Body Ache	13.6	25.0	16.3	000		12.8
Weight	2.4	000	200	11.1		2.5.5
Vomiting Breast Tenderness	0.5		000	0.0		000
-	1.4		2.0	0.0		1.4
	0.0		100	0.00		0.00
	4.1	0.0	2.0	0.0		3.7
Problems who Sought Treatment for the Problem A. Percentage Distribution of users who sought	17.4	25.0	22.4	11.1		17.3
-	41.6 53.5 4.7	100.0	54.5	100.0		42.2 53.6 4.1
Percent of Current Users who had Follow up visit by Health Worker after Adoption of Contraception	67.6	50.0	46.9	22.2	25.0	63.7
Percent of Current Users who are Satisfied with the Contraceptive Method of Current Use	96.0	100.0	93.8	7.77	100.0	95.7
Market at Direct Users	482	4	49	6	16	560

. Percentage may exceed women having side effects due to multiple response.

Table 5.6 REASON FOR DISCONTINUATION OF USE AND NON-USE
Percentage Distribution of Past Users by Reason for Discontinuation of the Method and Current Non-Userin Burnardaka state

	TOTAL	Res	Residence	Caste	te	Ed	Education		Standard of Living	of Living	Index
		Rural	Urban	sc/cr	Other	Illit.	0-90 уеаты	10 years	Low	Medium	High
1. Number of Past Users * (Current non-users)	35	25	10	4	24	9	==	19	8	20	7
a. Reason for Discontinuation											
Wanted child	48.5		40.0	25.0	62.5	33,3	30.0			45.0	71.4
Method falled/became pregnant	5.7		10.0	0.0	8.3	0.0	0.0			5.0	0
Supply related problem	0.0		0.0	0.0	0.0	0.0	0,0			0.0	0.0
Side effects/health problems	37.1		50.0	50.0	25.0	50.0	50.0			45.0	28.5
Lack of pleasure	0.0		0.0	0.0	0	0					
Method was inconvenient	0.0	0.0	0.0	0.0	0	0					
Other	8.5		0.0	25.0	4.1	16.6	20.0	0.0	25.0	2.0	0.0
2. Number of Current Non-Users **	40	36	4	00	28	14	16	10	22	16	2
a. Reason for Non-use											
Lack of Knowledge about FP Method	2.5	2.7	0.0	0.0	3,5	0.0	0.0		C	6.2	C
Against Religion	2.5	2.7	0.0	0.0	0.0	7.1	0		4	0	
Opposition to Family Planning	20.0	22.2	0.0	25.0	21.4	28.5	16.7		27.2	12.5	
Afraid of side effects	5.0	2.7	25.0	0.0	7.1	7.1	6.2		4	2 9	
Costs too much	0.0	0.0	0.0	0.0	0.0	0	0				
Hard/Inconvenient to get	0.0	0.0	0.0	0.0	0.0	0	5				0 0
Difficult to get pregnant	10.0	11.1	0.0	0.0	10.7	0	18.7		4	12.5	0.00
Others	0.09	58.3	75.0	75.0	57.1	57.1	200	70.0	59.0	62.5	20.0

Literate persons with no years of schooling is included here.

Excludes Women who are in Menopause or Undergone Hysterectomy.

Excludes Women who are Currently pregnant/Want child immediately (within 23 months)/in Menopause/ Undergoun Hysteractomy.

TOTAL Re	TOTAL	Resi	Residence	Caste	te	Ed	Educal Inn		Standard	of Living	Indez
ment to war vanta epition, future Intention to use		Rural	Urban	SC/CT	Other	Illit.	0-90	10 years	LOW	Medium	High
Percent of Current Non-Users. Advised by a. Percentage Distribution of Women who were	40.0	43.4	30.1	38.3	40.3	34.4	42.6	44.2	42.9	35.4	47.6
Advised by Method Advised Female Sterilisation Male Sterilisation	37.7	34.1	52.6	34.7	38.1	50.0	70.0	25.8	40.0	m 0 0	000
IUD/Loop	42.8	17.7	36.8	43.4	42.8	31.2			20.4	12.8	000
Condom/Nirodh Others	40	3.8	5.2	0.0	6.3	00.0	0.0		0.0	0.0	00
Percent of Current Non-Users* Intending to Interpretate Distribution of Women Intending to use contraception in future by preferred	81.6	86.2	68.2	88.3	78.8	74.1	82,9	0.06	8 2 . 4	81.8	76.1
method Female Sterilisation Male Sterilisation	91.0	91.0	90.7	92.4	90.2	95.6	20.	8.00.0	94.6	87.7	87.5
IUD/Loop Pill	2.5	m w			4.4	7.T			, m	. 9 .	0.00
Condom/Nirodh Others	0.0	00			0.0	00			00.0	0.0	0.0
0.400,771	245	182	63	09	156	93	17	7.0	114	110	21

Enterate persons with no years of schooling is included here. Excludes Women who are Currently pregnant/in Menopause or Undergone Hysterectomy.

Tible 5.8 UNMET NEED

Percent of Currently Married Women age 15-44 years with Unmet Need for Family Planning by selected background characteristics in SARNATAKA state

	TOTAL	Resi	Residence	Caste	te	БЭ	Education		Standard	Standard of Living Index	Index
mert Need.		Rural	Urban	SC/CT	Other	1111¢.	0-90 years	SC/CT Other Illit. 0-90 10 years	Low	Medium High	lis gh
. Limiting	6.4	5.6	8.8		6.0 6.3 6.4	6.4	8.6	0.4	5.7	8.0	4.0
. spacing	2.8	3.3	1.4	2.0	3.3	1.5	4.1	3,6	2.6	3.2	2.0
3. Total	9.2	8.9	10.2	8.0	9.6	8.0	12.7	7,6	8.4	11.3	6.0
humber of Women	851	637	214	200	173	385	244	222	416	335	100

Literate persons with no years of schooling is included here.

Unmet need for

Limiting : The Proportion of Currently married women who are neither in menopause nor had

are currently pregnant and who want more children but after 24 months or more and are not currently using any family planning method. : The Proportion of currently married women who are neither in menopause nor had hysterectomy nor hysterectomy nor are currently pregnant and do not want any more children but are not currently using any family planning method. Spacing

: Unmet need for Limiting and Spacing. Total

54.6	13.8 29.1 0.2		2.4 2.7 4.0 19.9 86.1	179
Female Sterilisation Copper-T/Loop	Male Sterilisation Condom/Nirodh	ho choose female a male method	Lack of Sexual Pleasure Fear of Impotency Fear of Method Failure Fear of Operation Fear of Weakness	
Female	Male .	Percentage distribution of males who choose female methods by reasons for not choosing a male method	Lack of S Fear of Fear of	an lents
1. Female methods	2. Male matheals	Percentage distri		salum teston lents

Percent

the percentage distribution of males age 20-54 by them to be the bound of the couples who

[·] Total percent exceeds 100 due to multiple response

CHAPTER 6

ACCESSIBILITY AND PERCEPTION ABOUT GOVERNMENT HEALTH SERVICES

In this section, the presentation of client's perception about health workers an government health services has been shown.

6.1 Home Visit by Health Workers

One of the import functions of health workers is to provide health care services to the peop in their homes. Little more than one third of the respondents were visited by health worke (ANM) at home, mostly in villages. More than two-third of respondents expressed satisfaction with the time spent by ANMs (Table 6.1).

In 13 per cent of households ANM counselled unmarried adolescent girl but less than per cent households received Iron and Folic Acid tablets for adolescent girl (Table 6.1).

6.2 Client's Perception of Quality of Government Health Services

Currently married women in 15-44 age group who had visited a government health facily like Hospital. Community Health Centre (CHC). Primary Health Centre (PHC) or Sub Centre (SC) were asked whether they were satisfied with the services provided and the way facilities functioned. On the whole they were satisfied with centre's time, location, availabily of personnel, and their behavior. Reservations were expressed with regard to waiting time. Privacy, availability of medicines and cost of treatment. Sixty Six per cent of them express

ey were satisfied and would recommend to others. However, only 12 per cent of dents had visited the health facility three months prior to survey (Table 6.2).

eason for not Visiting Health Centre

er 30 per cent of respondents felt that there was no need to visit any health centers.

g the other reasons mentioned for not availing these facilities are prefer private doctor, poor quality of services, place time inconvenient, etc. Preference for private doctor was more among the educated and better off sections of the community (Table 6.3).



Percent of Currently Married Women age 15-44 years from Rural Areas who Reported Home Visits by Huallh Marker by Type of Health Worker Visited and Satisfaction by selected background characteristics in SHIMHAH HAPING IN KARNATAKA state Table 6.1 HOME VISITS BY HEALTH WORKERS

	TOTAL	Res	Residence	Ca	Caste	Ed	Educal Lill	Chillian Character Character Character	Standard	Standard of Living Index	Index
Visit/Satisfaction		Rural	Urban	sc/cr	Other	Illit.	0 - 94 yearn	III yedin	Not	Medium	High
1. Percent of respondents who were visited by Health Worker at home during 3 months prior to survey	39.0	48.8	9.6	49.0	36.7	41.8	=	30,1	47.6	34.6	18.0
a. Percentage distribution* of Women by category of Health Worker visited Health Worker Male Anganwadi Worker	77.1 25.6 12.3	76.2 27.3 12.2	90.4	67.3 35.7 12.2	80.4 22.8 12.8	73.2 29.8	=2=	85.0 11.4 9.8	74.7 27.2 13.6	78.4 25.8 11.2	9.00 4.00 4.00
2. Percent of Women visited by ANM at Home who Expressed Satisfaction over the Amount of Time Spent by ARM	69.8	69.1	80.9	60.2	73.8	65.2	2,2	80.6	66.1	73.2	88.8
Fotal Number of Women	851	637	214	200	571	385	244	272	416	335	100
3. Percent of households where ANM counselled unmarried adolescent girl	12.8	16.0	5.0	14.2	13.6				15.5	10.3	12.5
. Percent of households where ANM distributed IFA tablets to adolescent girls	2.8	1.0	7.5	3.5	0.0		-	Company of Company of Company	1.7	1.7	8.3
umber of Households with Unmarried Girls age 15-19	140	100	40	28	95				58	58	24

Literate persons with no years of schooling is included here. Total Percent may exceeds 100 due to multiple response.

	Type	Type of Facility	lity		
fish to facility and Satisfaction	Govt. Hosp.	СИС	РНС	SC	Total
1. Percent of women who visited Health Centim	12.2	1.8	9.4	0.3	23.8
a. Fercent of women who found					
Centers Time Convenient	98.0		91.2	100.0	94.0
Centers Location Convenient	97.1	81.2	78.7	9.99	88.1
Doctor/ANM Available for the Treatment	94.2	93.7	0.06	100.0	92.6
No Waiting Time at Centre	51.9	25.0	63.7	9.99	54.6
AL EX	59.6	81.2	66.2	9.99	64.0
Canters Staff Filmidly	83.6	81.2	92.5	100.0	87.1
Medicines at the Centre	58.6	43.7	0.09	33.3	57.6
Staff Ready to Explain how to Take Meilitines	88.4	93.7	100.0	9.99	93.1
Treatment at Centre Effective	69.5	43.7	72.5	9.99	68.4
Treatment free	62.5	56.2	37.5	100.0	52.7
Centre Good enough to Recommend to others	66.3	87.5	73.7	100.0	71.4
Number of Women	104	16	80	m	203

Table 6.3 REASONS FOR NOT VISITING HEALTH CENTRE
Percent of Currently Married Women age 15-44 years reporting reasons for not visiting health centrum, by backupound characteristics in SHIMOGA District in KARNATAKA state

	TOTAL	Resi	Residence.	Caste	te	Ed	Educal Inti		Brandard	Blandard of Living Index	Index
		Rural	Urban	SC/CT	Other	1111t.	014W VBAIR	I yeal n	Loss	Medium	High
1. No need	31.7	36.5	18.0	32.6	32.7	36.1	28.11	30,8	39.6	27.9	16.0
2. Place/time inconvenient	8.4	9.3	0.9	12.6	6.8	12.9		2.7	12.5		1.1
3. Poor quality of service	11.4	11.2	12.0	11.3	12.1	12.9		-	11.2		9.5
4. Heavy rush	3.2	2.7	4.8	0.4	2.2	2.4	_	£ 13	2.9		2.3
5. Non/rare availability of doctors	4.6	4.7	4.2	4.0	4.8	4.2		1.7	4.6		3.4
6. Doctors/workers do not examine/behave properly	5.8	5.6	9.9	5.3	5.9	8.4	J. C	6,4	6.2		4.6
7. Medicine not given/are of bad quality	4.0	4.5	2.4	6.0	2.2	4.2	- S-	2,1	4.2		2.3
8. Services are charged	1.2	1.4	9.0	4.0	0.5	2.1	=======================================	0,5	1.3		0.0
9. Prefer private clinic/doctor	26.0	23.2	34.3	18.6	28.8	14.7	31.4	38,3	17.1		45.9
10. Other	3.2	0.6	10.8	1.3	9. 8.	1.7	3,1	5,4	0.0		14.9
Number of Women	648	482	166	150	437	285	1.1	185	303	258	87

Literate persons with no years of schooling is included here.

CHAPTER 7

REPRODUCTIVE HEALTH

This chapter describes the respondent's awareness on RTI/STI and HIV (AIDS) and cannot sought among the respondents.

Awareness of RTL STI and HIV (AIDS)

1

More than half of male respondents and about 30 per cent female respondents reported at they were aware of Reproductive Tract Infection (RTI). Awareness in urban areas was latively better – 57 per cent compared to 49 per cent in rural areas among males and 36 per nt compared to 27 per cent in rural areas among females. Among males, electronic media, ewspaper and doctors were the major sources of knowledge. Among females, friends, latives, electronic media followed by newspaper were the main providers of knowledge. exual intercourse was reported as the main mode of transmission of RTI by males. One third 3 per cent) of female respondents reported the same as the reason for transmission 'Do not now' was also reported by 34 per cent female respondents. Most of them felt that RTI is trable (Table 7.1).

About two third of male and 12 per cent female respondents were aware of Sexually ransmitted infection (STI). Urban respondents had better awareness than their rural counter arts. Electronic media, friends/relatives. News paper were the main providers of this nowledge. Above 90 per cent of the male and three fourth of the female respondents reported at sexual intercourse as the main mode of Transmission. Blood Transfusion and Mother to all were the other reasons cited for transmission of STI. More than four -fifth of male and tree fourth female respondents felt STI was curable (Table 7.2)

Awareness about HIV (AIDS) was relatively better both among males and femal respondents. Ninety two per cent males and 88 per cent females were aware of HIV (AIDS) Electronic Media, friends/relatives and Newspaper—were the main providers of this knowledge Sexual intercourse, needles, mother to child and blood transfusion were reported as the main mode of framsmission Most of the respondents—felt that—careful use of Condom during intercourse, suffe sex, check blood before transfusion and sterilization of syringes and needles at the main ways to prevent HIV (AIDS). More than two third of male and three fourth of female respondents had misconception about the disease (Table 7.3).

7.2 Prevulence of RTI (Self Reported Symptoms)

Only 3 per cent of male respondents and 23 per cent of female respondents had reported a least one symptom of RTI. Seventy seven per cent males and 58 per cent females with RTI sought treatment. While government doctor treated most of male respondents, majority of females samplet treatment from private doctors (Table 7.4).

		Male			Female	
	Total	Rural	Urban	Total	Rural	Urban
1. Percent of Respondents who are Awais of Hill	51.6	49.4	57.3	29.6	27.4	35.9
a. Percent Distribution* of Respondents by Bource of knowledge	50.0	5.5 5.5	37.1	37.7	34.2	
Health Workers	26.8 14.6	26.9	28.1	5.1	3.4	10.3
b. Percentage distribution* of Respondents by knowledge of Mode of Transmission Bexnal Intercuttse Lack of Personal Hygiene Din not know	92.2	92.8 54.8 1.0	90.9 4.2.9 1.6.4.9	32.5 42.8 34.3	29.1 38.8 38.8	40.2 51.9 5.1
c. Percentage distribution of Respondents by knowledge about Curability Curable Rut Guiable Do not Know	91.2	91.1	91.7	77.77	74.8 25.1	84.4 15.5 0.0
Number of Respondents	779	568	211	851	637	214

* Total Percent may exceeds 100 due to muliigily temponse.

Table 7.2 ENOWLEDGE OF SEXUALLY TRANSMITTED INFECTION
Percent of Male and Female Respondents who are aware of STI, Source of Knowledge, Knowledge of
Mode of Transmission and Curability in SHIMOGA District in KARNATAKA state

		Male			Female	
Source/mode of transmission/curability	Total	Rural	Urban	Total	Rural	Urban
1. Percent of Respondents who are Aware of STI	62.9	62.3	75.8	11.7	10.0	16.8
a. Percent Distribution* of Respondents by Source of Knowledge	61.4	67.8	47.5		45.3	9.99
	42.8	42.3	43.7		12.5	22.2
Doctors	20.0	17.8	25.0		4.6	5.5
Health Workers	19.6	22.0	14.3		3.1	0.0
Friends/Relatives	14.0	13.8	14.3	45.0	51.5	33,3
b. Percentage distribution* of Respondents by knowledge of Mode of Transmission						
Sexual Intercourse	88.9	87.5	91.8	75.0	64.0	
Mother to child	51.9	54.8	45.6	0.8	3.1	16.6
Blood Transfusion	45.1	47.1	40.6	12.0	12.5	11.1
Others	0.1	0.2	0.0	2.0	0.0	5,5
Do not know	0.5	0.5	9.0	19.0	28.1	2.7
C. Percentage distribution of Respondents by						
Curable Curabitaty Curable	81.1	78.5	86.8	76.0	70.3	86.1
Not curable	18.6	21.1	13.1	8.0		
Do not Know	0.1	0.2	0.0	16.0		5.5
Humber of Respondents	977	999	211	851	637	214

Percent exceeds 100 due to multiple responses.

1000	
6	
6	
77	
4.5	
1	
4	
-	
1010	
_	
-	
-	
-	

		Male			Female	
satisfied by prevent tonomies onception	Total	Rural	Urban	Total	Rural	Urban
Percent of Respondents who are Aware of HIV	91.5	90.1	95.2	88.0	85.5	95.
ton' of Reg		0	٥		-	C
	0 -					
DOCTOR STOCK	4 0	19.1	19.91	6.1	0.0	6.3
Health Workers	, [4	2			
lative	15.5	6.	5			
stribution. of Respondents by						
		C			C	
Sexual int	7 .	40		•	•	86.1
The state of the s	7.70	22.5	7.66	0.78	27.0	
Mother to child		· -	,,			AB
	10	. 0		10		2 0
Do not know						6.1
tion of Respondents by						
knowledge about Curability						
Curable				•		5.
	63.3	65.0	59.2	78.6	4.77	81.6
d. Perceulage distribution of Respondents Harre of Prevention by Type of Measures						
Use Condom in each sexual intercourse	7	50.5				0
	5.	64.6		9.	6.	17.1
	59.7	61.7	54.7	22.3	19.2	30, 1
Sterilize Meedles & Syringes for Injection	6	39.6		. 8	4	28,4
Avoid Pregnancy when having HIV-AIDS Virus						10.
Others		0.5				
Wond Jon Ou		1.3			,	
a ny naviny m	0.69	73.2	58.2	78.9	81.1	73.0
button' of Respon						
with misconceptions about mode of transmission						
by type of misconceptions	_	2	0	6	2	_
d			9		00	9
Kissing	4	2	6	5	-	-
Sharing	4	7	4	7	2	5.
tchen t	-		9.	2	20	28.4
Masquile, Flex of Bedbug Bites	54.4	58.7	43.2	65.4	67.7	59, 1
The second secon		- 1	П		-	İ
ber of Respondents	119	895	211	851	637	214

reent exceeds 100 due to multiple responses.

ble 7.4 prevalence of RTI AMONG MALE AND FEMALE RESPONDENTS
Percent of Respondents having RTI Problems and Type of Treatment SHIMOGA District in FARNATAKA state

	Total	Residen	ence	Caste			Education		Standard	d of Living	Thick H
revalence of RTI and Treatment		Rural	Urban	SC/CT	 	11116.	0-99 Vears	10 years g above	LOW	Medium	i ii
v v → 1											
. Percent of Respondents who reported at least	2.8	3.7	0.4	1.7	3.5				3.8	2.1	
a. Percent of Respondents who sought treatment	77.2	76.1	100.0	9.99	78.9				78.5	71.4	100.0
b Percent distribution of respondents who sought											
treatment by type	,	6		0							
Government Doctor	10.4	12.5		20.00	9.9				0.6	20.0	0.0
Male Health Workers	0.0	0.0		0.0							
	0.0	0.0		0.0							•
oral number of male respondents	977	568	211	173	532				366	322	91
1											
המקדמה											
. Percent of Respondents who reported at least one symptom of RTI	23.0	21.5	27.5	25.5	19.0	18.7	29.1	23.8	20.1		30.0
a. Percent of Respondents who sought treatment	57.6	56.2	61.0	60.7	55.9	52.7	60.5	60.3	50.0	64.6	0.09
b. Percent distribution of respondents who sought			•								1
treatment by type	34 5	35.0	33,3		ed.			28.		24.5	m r m r
Government Doctor	71.6	74.0	66.6	64.5	72.1	71.0	72.0		69.0	ηc	7.77
Covernment Nurse/ANM/LHV	8.0	1.3	0.0					၁ ၀			0
Traditional Practitioner	0.0	0.0	0.0	4				o c		0.0	0.0
Relatives/Friends	0.0	0.0	0.0	•	•	. 1	•				
number of female respondents	851	637	214	200	571	385	244	1 222	416	335	100
THE THE THE THE POST OF A PROPERTY OF THE THE PROPERTY.	Table Date										

Literate persons with no years of schooling is included here. Data on education of male respondents was not collected in the survey.

of PSUs for Shimoga District of Karnataka 18

SLNO	CODE	BLOCK	VILLAGE	PUPULATION
	180040004000400177	HOSANAGAPA	HUPPIADAGALLU	133
1	180090009000900126	TIRTHAHALLI	HUPPUDAGALLU HALAVANAHALLI AREHADA	244
8	180050005000500231	SAGAR	AREHADA	323
2	180090009000900104	TIRTHAHALLI	KANDAKA	388
6	180010001000100020	RHADRAVATI	HADALAGATTA	450
)	180040004000400004	MOSANAGARA	MAVINAKOPPA	497
0	180090009000900188	TIPTHAHALLI	HAHAGERE	548
7	180010001000100105	RHADDAVATI	KALLAPURA	593
8	180040004000400076	HOSANAGARA	CHICKAJENI	649
9	180020002000200055	CHANNACIRI	DONIHALLI	691
10	180020002000200033	CHANNACIRI	DOODERIKATTE	751
11	180020002000200133	BUADDAVATI	DANAVADI	797
12	180010001000100103	CHI MADDIID	HARNAHALL I	849
13.	180060006000600132	CHANNACIPI	GOLLARAHALLI	910
14	180020002000200157	CHANNAGIRI	SIRAVANTHE	962
15	180050005000500220	SAGAK	SEETHARAHAPURA	1042
16	180010001000100156	BHADRAVATI	MUDIGERE	1113
17	180020002000200056	CHANNAGIRI	HARISHI	1178
18	180080008000800145	SORAB	ARALAPURA	1259
19	180090009000900048	TIRTHAHALLI	KORALIKOPPA	1347
20	180050005000500028	SAGAR	SIDDANAMATHA	1425
21	180020002000200144	CHANNAGIRI	COODANAKOPPA	1503
22	180060006000600128	SHIKARPUR	GOODANAKOPPA MARASETTIHALLI	1600
23	180010001000100112	BHADRAVATI	THATTEHALLI	1758
24	180010001000100114	BHADRAVATI	MALLAPURA	1866
25	180020002000200194	CHANNAGIRI	NAGOO I	1963
26	180040004000400018	HOSANAGARA	SIDDANAMATHA GODDANAKOPPA MARASETTIHALLI THATTEHALLI MALLAPURA NAGOOI SANTHEKADUR THAGARTHI ARUNDI ANAVERI KUDLIGERE BENAKANAHALLI KANLE	2119
27	180070007000700135	SHIMOGA	THAGARTHI	1256
20	180050005000500094	SAGAR	ARINDI	\$455
20	180030003000300013	HONNAL I	ANAVERI	1678
30	100010001000100074	BHADRAVATI	KUDLIGERE	2051
11	180010001000100116	BHADRAVATI	BENAKANAHALLI	\$146
12	180030003000300078	HONNALI	YANI F	3412
* *	180050005000500213	SAGAR	HOOTGERE	3671
11/	180020002000200011	CHANNAGIRI	110010010	4323
15	180060006000600159	SHIKARPUR	ISSUR DONABAGHATTA	5152
3.6	180010001000100012	BHADRAVATI	ANAVATTI	6641
37	180080008000800214	SORAB	Division 1	¥355
3.6	1811201120000001	13 TIRTHAHALLI IPU		A161
39	1830023002010009	(B)BHADRAVATINEWTOWN		94/2
40	1830023002010005	(B)BHADRAVATINEWTOWN	Division 1	7111
41	1810901090000001	10SHIKARPUR THE (B)BHADRAVATINEWTOWN	vactor & Division 1	/811
47	1830023002010001	(B)BHADRAVATINEWTOWN	* Division 2	8670
41	1830013001010002	14 BHADRAVATI UA -	Division 1	10419
L	1830013001010001	14 BHADRAVATI UA -	Division 3	11945
/ 0	1830013001010003	14 BHADRAVATI UA .	Channagiri	14135
11	1800201010000001	2 CHANNAGIRI MP	Division 4	1/794
40	1830013001010004	14 BHADRAVATI UA -	Division 10	26364
-	1831013101010010	15 SHIHOGA UA "	Division 2	\$1779
4.0	1831013101010002	15 SHIMOGA UA .	· Division 4	50213
	1831013101010004	15 SHIMOGA UA .	U I V I U I U I	

ANNEXURE - 2 . .

RAPID HOUSEHOLD SURVEY REPRODUCTIVE AND CHILD HEALTH (RCH) PHASE II - 1999

Confidential for research purpose only

HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION					
STATE					
DISTRICT					
COMMUNITY DEVELOPMENT BLOCK					
PSU (VILLAGE/URBAN WARD)					
VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK					
TYPE OF LOCALITY (RURAL-1, URBAN-2)	Γ				
HEAD OF THE HOUSEHOLD NAME	L				
ADDRESS					
RESPONDENT MALE (AGE 20-54)1 MALE (AGE 55+)2					
FEMALE (AGE 15+)	_				
SERIAL NUMBER OF THE HOUSEHOLD QUESTIONNAIRE					
DAY MONTH YEAR					
DATE					
NUMBER OF ELIGIBLE WOMEN IN THE HOUSEHOLD					
INTERVIEWED					
(IF THERE IS MOFE, THAN ONE ELIGIBLE WOMAN IN THE HOUSEHOLD, INTERVIEW ALL)	L				
RESULT STATUS OF THE HOUSEHOLD QUESTIONNAIRE COMPLETED					
HOUSEHOLD RPESENT BUT NO NOT A DWELLING5 COMPETENT RESP. AT HOME2 DWELLING DESTROYED6					
TOUGHOLD ADSENT					
SECTION II COMPLETED 1YES 2NO	Г				
RESULT STATUS OF THE WOMAN'S OUTSTANDED	3 4 5 6				
REFUSED NOT AT HOME	3 4 5 6				
OTHER5					
SPOT CHECKED BY FIELD EDITED BY OFFICE EDITED BY	KEYED BY				
NAMEDATE	ALIED ET				

- I -

SECTION-I HOUSEHOLD CHARACTERSTICS

.No.	QUESTION AND FILTER	CODING CATEGORIES SKIP TO
101	How many persons, including small babies, usually live in your household? Am made it make it	PERSONS MALE FEMALE
2102	How many eligible women are there in your household? Amagentation and the control of the contro	NUMBER
103	Please give the name of all eligible women. ಎಲ್ಲಾ ಅರ್ಹ ಮಹಿಳೆಯರ ಹೆಸರುಗಳನ್ನು ದಯವಿಟ್ಟು ತಿಳಿಸಿ.	1
2104	What is your religion? معلى بالمان من المان الم	HINDU
Q105	a) What is your caste/tribe? (Specify) b) Do you belong to Scheduled Caste. Scheduled Tribe or Other Backward Classes? a) Am ma/museum mmajm? (tauted) b) Ataj mode, mode	OTHER BACKWARD CLASSES3 OTHER CASTE4 DO NOT KNOW9
2111	Mhit is the main source of drinking water for your household? المال ال	TAP (INSIDE RESIDENCE/YARD/PLOT TAP (OTHER)
219"	ರೂಗೂ ನಿರ್ದೇಶ ಇತ್ತಾಗಿ ಇತ್ತಾಗಿ ಬರೆಯುರಿ) ಮನೆ ಕಟ್ಟಡದ ವಿವರ (ನೋಡಿ ಬರೆಯುರಿ)	PUTCA

O.No.	QUESTION AND FILTER	CODING CATEGORIES	SKIF
Q108	What is the main source of lighting for your household? منافع المنافع	ELECTRICITY	
C109	What type of fuel does your household mainly use for cooking? Read want and we will a same and a same a same and a same and a same	LIQUID PETROLEUM GAS1 KEROSENE2 WOOD3 OTHER4	
Q110	What type of toilet facility does your household have? ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಯಾವ ತರಹದ ಶೌಚಾಲಯ (ಕಕ್ಕಸು) ವ್ಯವಸ್ಥೆ ಇದೆ?	OWN FLUSH TOILET	
Q111	Does your household own any of the following? ನಿಮ್ಮ ಕುಟುಂಬವು ಈ ಕೆಳಗೆ ತಿಳಿಸಿರುವ ಸ್ವತ್ರುಗಳನ್ನು ಹೊಂದಿದೆಯೆ?	YES NO FAN	

VITAL EVENTS SINCE JANUARY 1, 1996

Q112	Was there a birth, among the usual residents of this household since January 1, 1996? If yes, how many? (PROBE AND FIND WHETHER ALL LIVE BIRTHS DURING THE REFERENCE PERIOD ARE INCLUDED. EVEN IF THE CHILD IS NOT ALIVE AT THE TIME OF SURVEY)	YES, NUMBER	→ QII
	1996ರ ಜನವರಿ ಒಂದರಿಂದ. ನಿಮ್ಮ ಕುಟುಂಬದಲ್ಲಿ (ಸಾಮಾನ್ಯವಾಗಿ ವಾಸಿಸುವರಿಗೆ) ಯಾವುದಾದರೂ ಮಗುವಿನ ಜನನವಾಗಿದೆಯೆ? ಹೌದಾದರೆ. ಎಷ್ಟು ಮಕ್ಕಳ ಜನನವಾಗಿದೆ?		

Mas the death die to Terania? e the xitus; e the xitus; framedoucte?	YES1	YES1	YES1 NO2	YES1 NO2	YES1	YES1
(1) dead) Age of the child at the cime of death (in months, in days if a month) constoled tash arbar action (confe leash arbar action (confe leash arbar action action leash action action leash action actio	Days Months	Days Months	Days Months	Days Months	Days Months	Days Months
Is the child alive? If Yes, go to next birth de the child alive? (The transfer of the transfer	YES1	YES1 D NO2	YES1 D NO2 M	YES1 D NO2	YES1 DA	YES1 De Mo
order of birth zbud						
(e) Year of birth شخوط عطة						
(d) Month of birth wate	DK99	DK99	DK99	DK99	DK99	DK99
Sex of the baby notes	Σ &	F - 2	E 4	F - 2	₩ ₩ ₩	Σ 7 .
Name of the baby arks are						
S. 3. 3. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5.	-	~		-7	i i	

				CODING C	ATEGORIES
Q.NO.	QUESTION AND FILTER		VEC		
2114	Was any child born alive sin January 1, 1996 died subsequ (IF A DEATH HAS ALREADY BEEN REPORTI ABOVE TABLE, REPHRASE THE QUESTION "Besides the death already reported". IF 'YES' I. QUESTION FIND DETAILS AND ENTER IT IN Q.113) 1996ರ ಜನವರಿ ಒಂದರಿಂದ ಯಾವುದೇ ಆಮೇಲೆ ಸತ್ತು ಹೋಗಿದೆಯೆ?	Dently? ED IN THE BY ADDING IN THIS N Q 112 AND	YES		
		Inv. Homen	YES		
2115	Since January 1, 1996, did a (usual residents) of this ho die during pregnancy or child or induced abortion or spont abortion or within 6 weeks a child birth or induced abort spontaneous abortion? 19965 % % % % % % % % % % % % % % % % % % %	ousehold Id birth taneous after tion or aganh ankwa) atoh xawaco	NO	OF DEATHS	
	ಸತ್ತರೇ (b) ಗರ್ಭಪಾತವಾದಾಗ ಅಥವಾ ಗರ್ಭತೆಗೆಸಿಕೊಂ ಪರಿಗೆಯಾದ ಅಥವಾ ಗರ್ಭಪಾತವಾದ 6 ವಾರಗಳಲ್ಲಿ ಸ	ಂಡಾಗ ಸತ್ತರೇ / (c)			
110	ਜ਼ੀ yes, did the death occur		YES		
2116	omplication of pregnancy/ch complication due to abortion	hild birth/			
	ಹೌದಾದರೆ ಆ ಸಾವು (a) ಬಸುರಿನ ತೊಂದರೆಗಳಿಂದ ಕೊಂದರೆಗಳಿಂದ ಆಗಿತ್ತೇ / (c) ಗರ್ಭವಾತ ಮಾಡಿಸಿಕೊಂ		NUMBER (OF DEATHS	
2117	Was there any marriage among residents of this household January 1, 1996?	since	ио		
	ಯಾರಿಗಾದರೂ ಮದುವೆಯಾಗಿದೆಯೇ?				
2118	(a) How many marriages were ಎಷ್ಟು ಮದುವೆಗಳು ಆಗಿವೆ?	e there?	TOTAL [BOYS	GIRLS
	(b) What was the age of the person at the time of the contract	at marriage?	BOY	1 2	3 4
	ಮದುವೆಯಾದಾಗ ಆತನ/ಆಕೆಯ ವಯ '	ಸ್ನಪ್ಪು?	GIRL		
2119	During the last 3 months did of this household suffer from	any member	YES		
	ಾ this household suffer fro ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ನಿಮ್ಮ ಮನೆಯಲ್ಲಿ ಮಲೇರಿಯಾ ಜ್ವರ ಬಂದಿತ್ರೇ?	om malaria: conomico			• • • • • • • • • • • • • • • • • • • •
2120.	If yes, give details ænandt	ವಿವರಗಳನು ತಿಲ	2.		
Sl.	Name of the patient	Sex	Age	(in	Was he/she giv
ಕ .ಸಂ.	ರೋಗಿಯ ಹೆಸರು	M/F ಗಂದು/ಹೆಣ್ಣು	complete	d years) wac zzrnec)	treatment?
: :		M - 1			YES
		F - 2			NO
٤.		M - 1			YES1
3.		F - 0	•		NO
		M - 1 F - 2			YES
4.		F - 2 M - 1			NO2
		F - 2			YES
5.		M - 1			YES
		-			

QUESTION AND FILTER			
	CODING CATEGORIES	SKIP	
is any member of your household suffering from TB?	YES1		
ಮ ಮನೆಯಲಿ ದರ್ಗಾದಕ್ಕು ತಿತ್ತು .	NO		
	1	→0:	

li yes, give details ಹೌದಾದರೆ ವಿವರಗಳನ್ನು ತಿಳಿಸಿ

Name of the patient				
ರೋಗಿಯ ಹಸರು	Sex M/F ಗಂಡು/ಹೆಣ್ಣು	Age (in completed years) टळाच् (द्वाक्ष्मकाट ट्याप्टा)	Is he/she given treatment? তাম এটাই অন্যান্ত কালেং?	
	M - 1 F - 2		YES	
			NO2	
	M - 1		YES1	
	F - 2		NO2	
	M - 1		YES1	
	F - 2		NO2	
	M - 1		YES1	
	F - 2		NO2	
	M - 1		YES1	
	F - 2		NO	
s any member of your househoutfering from Leprosy?		YES	1	
ಮೃ ಮನೆಯಲ್ಲಿ ಯಾರಿಗಾದರೂ ಕುಷ್ಕರೋಗ ಇದೆ	me?	NO	2	> Q12

f yes, give details ಹೌದಾದರೆ ವಿವರಗಳನ್ನು ತಿಳಿಸಿ

Narv of the patient ರೋಗಿಯ ಹೆಸರು	Sex M/F ಗಂದು/ಹೆಣ್ತು	Age (in completed years)	Is he/she given treatment?		
	المناسبة المناسبة	many (mass men mas 1142)	ಅಮು ಚಿಕಿತ್ಸೆ ತೆಗೆದುಕೊಳ್ಳುತ್ತಿದ್ದಾಯೇ?		
	M - 1		YES1		
	F - 2		;;;		
	M - 1		YESi		
	F - 2		NO2		
	M - 1		YES		
	F = 2		20		
	M - 1		YES		
	- î.		112		
			YE.' 1		
	= - 2		13. 14.1.1.1.1.2		

_	QUESTION AND FILTER	CODING CATEGORIES	S
5	Is there any unmarried girl in this household in the agr group 15-19? ನಮ್ಮ ಮನೆಯಲ್ಲಿ ಯಾರಾದರೂ 15-19 ವಯಸ್ಸಿನ ಅವಿವಾಹಿತ ಹೆಣ್ಣು ಮಕ್ಕಳಿದ್ದಾರೆಯೇ?	YES1 NO2	- 5
	Has ANM/Doctor/Health Worker ever counselled her about possible health problems of girls? ವೈದ್ಯರು/ಅಥವಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆಯರು ಹೆಣ್ಣು ಮಕ್ಕಳಿಗೆ (ಸಾಮಾನ್ಯವಾಗಿ) ಬರಬಹುದಾದ ಆರೋಗ್ಯ ತೊಂದರೆಗಳ ಬಗ್ಗೆ ಆಕೆಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	ANM	
	Does any unmarried girl in the age group 15-19 in this household suffer from Anaemia during last 3 months? ಈ ಮನೆಯಲ್ಲಿ ವಾಸಿಸುವ 15-19 ವಯಸ್ಸಿನ ಅವಿವಾಹಿತ ಹೆಣ್ಣು ಮಕ್ಕಳು ಯಾರಾದರೂ ಕಳೆದ ಮೂರು ತಿಂಗಳಲ್ಲಿ ರಕ್ತಹೀನತೆಯ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದ್ದಾರೆಯೇ?	YES2	S
	If yes, has ANM/Doctor/Health Worker given Iron and Folic Acid (IFA) tablets to her? ಹೌದಾದರೆ, ವೈದ್ಯರು ಅಥವಾ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆಯರು ಅವರಿಗೆ ಕಬ್ಬಹಾಂಶದ (IFA) ಮಾತ್ರೆಗಳನ್ನು ಕೊಟ್ಟದ್ದಾರೆಯೇ?	ANM	S
	How many tablets were given to her? ಅವರಿಗೆ ಎಮ್ಮ ಕಬ್ಬಿಣಾಂಶದ ಮಾತ್ರೆ ಕೊಟ್ಟದ್ದಾರೆ?	NUMBER DO NOT REMEMBER	

SECTION II

(ASK ONLY TO MALE RESPONDENTS IN THE AGE GROUP OF 20-54)

lo.	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
	Have you heard of an illness called Feproductive Tract infection (RTI)? Red Exampled in fiftheress and if the control in the call in the control in the call in th	YES1	→ Q205
6 18	From which sources of information or persons have you heard about RTI. (CIRCLE ALL RESPONSES MENTIONED) Real comport exam comma to amount of amount of the a	1. FADIO	
3	How is RTI transmitted? (CIRCLE ALL RESPONSES MENTIONED) Examonday enable engload mingugod with unsign?	1. HOMOSEXUAL INTERCOURSEA 2. HETRO SEXUAL INTERCOURSEB 3. LACK OF PERSONAL HYGIENEC 4. OTHER	
<i>L</i> ₂	Do you think RTI is a curable disease? ಜನನಾಂಗಗಳ ಸೋಂಕು ರೋಗವು ಪಾಸಿಯಾಗುವಂತಹ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?	YES	
100	Have you heard of an illness called Sexually Transmitted Infection(STI) and gone which will be and set	YES	→ Q209
(3)	From which sources of information or persons have your heard about STI? (CIRCLE ALL RESPONSES MENTIONED) Reg cumber exam cuma that manerhead define smooth with the services of the smooth and that the services of the smooth and the services.	1. PADIO	
?	الان الان الدي الدي الدي الدي الدي الدي الدي الدي	41. HOMOSEKUAL INTERCOURSEA 2. HETEROSEKUAL INTERCOURSEB 3. MOTHER TO CHILDC 4. TRANSFUSION OF INFECTED BLOODD 5. CTHER	

			SKIP TO
Q.No.	QUESTION AND	CODING CATEGORIES	SAIF 10
Q208	Do you think STI is a curable disease? ಲೈಂಗಿಕ ಜಾಮಿಲೆ ವಾಸಿಯಾಗಬಲ್ಲ ಜಾಮಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತಿದೆಯೇ?	YES	
Q209	Have you heard of an illness called HIV (AIDS)? ਕੜ੍ਹ 'ಎਟਾ੍ਰ' ಎਟਾਹ ਡਾਲੀਏ ਪਸ਼੍ਰੇ ਜੰਵੀਨ੍ਹਾ	YES	→ Q215
Q210	From which sources of information or persons have you heard about HIV (AIDS). (CIRCLE ALL RESPONSES MENTIONED) Reaj comma total tomorrous comma comma total toward	1. PADIO	
Q211	How is HIV (AIDS) transmitted? (CIRCLE ALL RESPONSES MENTIONED) '治雪', ರೋಗವು ಹೇಗೆ ಬರುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETRO SEXUAL INTERCOURSEB 3. NEEDLE/BLADE/SKIN PUNCTUREC 4. MOTHER TO CHILDD 5. TRANSFUSION OF INFECTED BLOODE 6. OTHER	
Q212	Do you think that one can get HIV (AIDS) from someone who has HIV (AIDS) by: 'adf,' ada Lug donhwod didnug aff donn the amountood uduswidow Reaging States.	YES NO DK 1. SHAKING HANDS zotic f stepsistation 1 2 9 2. HUGGING suishetiatoon 1 2 9 3. KISSING this femiation 1 2 9 4. SHARING CLOTHES eat usi enatherhistation 1 2 9 5. SHARING EATING UTENSIL cock sticked ensumation 1 2 9 6. STEPPING ON URINE/ STOOL there are an analyzed 1 2 9 7. MOSQUITO, FLEA OR BEDBUG BITES int. int. int eas and stated 1 2 9	-
Q213	How do you think one can avoid HIV (AIDS) (CIRCLE ALL RESPONSES MENTIONED) Lug att 'ar' uddod att sanuaum.	1. SEX WITH ONLY ONE PARTNER. A 2. USING CONDOMS DURING EACH SEXUAL INTERCOURSE B 3. CHECKING BLOOD PRIOR TO TRANSFUSION. C 4. STERILIZING NEEDLES AND SYRINGES FOR INJECTION. D 5. AVOIDING PREGNANCY WHEN HAVING HIV (AIDS). E 6. OTHER (SPECIFY) 7. DO NOT KNOW. G	

QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
Is a curable disease?	YES	
ರ್ಣಂಗಿ ತಿಂದಾದರೂ ಈ ಕೆಳಕಂದ ತೊಂದರೆಗಳಾಗಿತ್ತೇ?	TES NO 1. ANY DISCHARGE FROM PENIS	If all No → Q219
Did you take treatment for your health problem name edner societien and a second secon	YES	→ Q218
If yes, from whom did you take treatment? (CIRCLE ALL RESPONSES MENTIONED) ###################################	1. GOVT. DOCTOR	
(ASK OMLY IF THE RESPONDENT IS CURRENTLY MARRIED) Have you ever discussed about this with your wife? Amagination of the control of the contr	YES	
What Family Planning method you think that comples who want no more children should adopt? (REPORT THE MOST PREFERRED METHOD) and might not enjet totality what total total total total master total with the complete total contains a contain the contains and the	CONDOM/NIRODH	Stop
MENTIONED) And the you not referring male method? MENTIONED) And the you not referring male method? MENTIONED)	2. LACK OF SEXUAL PULLAGORS 3. FEAR OF METHOD FAILURE 4. FEAR OF OPERATION	

RAPID HOUSEHOLD SURVEY REPRODUCTIVE AND CHILD HEALTH (RCH) PHASE II - 1999

Confidential for research purpose only

WOMAN'S QUESTIONNAIRE

IDENTIFICATION	2
STATE	
DISTRICT	
COMMUNITY DEVELOPMENT BLOCK	
PSU (VILLAGE/URBAN WARD)	
VILLAGE SEGMENT/CENSUS ENUMERATION BLOCK	
TYPE OF LOCALITY (RURAL-1, URBAN-2)	
HEAD OF THE HOUSEHOLD NAME	
ADDRESS	
NAME OF THE ELIGIBLE WOMAN	
SERIAL NUMBER OF HOUSEHOLD QUESTIONNAIRE	
SERIAL NUMBER OF WOMAN'S QUESTIONNAIRE	
INTERVIEW DAY MONTH YEAR	
SPOT CHECKED BY FIELD EDITED BY OFFICE EDITED BY KEYED BY	v
NAME	•
DATE	

NAME OF THE INVESTIGATOR:

SIGNATURE OF THE INVESTIGATE

SECTION-I WOMAN'S CHARACTERSTICS

OTTECHTON		
QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
iow old are you? عمر عشري ا	AGE IN COMPLETED YEARS	
and and i		
Can you send and write? (ಮಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತದೆಯೇ?	YES	
ಇದರು ಮತ್ತು ಬರಿಯಲು ಬರುತ್ತದರ್ಜೀ	NO2	->
now many years of schooling have you		Q104
completed?	YEARS	
ನೀವು ಎವುನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದ್ದೀರಿ?		
Can your husband read and write?	YES	
ನಿಮ್ಮ ಗಂಡನಿಗೆ ಓದಲು ಮತ್ತು ಬರೆಯಲು ಬರುತ್ತದೆಯೇ?	NO2	
	DO NOT KNOW9	Q106
How many years of schooling has he	YEARS	
completed? ಅದರು ಒತ್ತನೇ ತರಗತಿಯವರೆಗೆ ಕಲಿತಿದಾರೆ?		
one exert sonswern econoci		
	DO NOT ENCW	
How old ware you when you started living with your husband?	AGE IN COMPLETED YEARS	
ನೀವು ಗಂಡನ ಜೊತೆಯಲ್ಲಿ ಹಾಸಮಾಡಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ		
ನಿಮ್ಮ ವಯಸ್ಸೆ ಮ್ತ ?		
How many sons and daughters do you have, including those presently not living with	sons	
you?		
(INCLUDE ONLY THOSE SURVIVING CHILDREN TO WHOM PESPONDENT HAS GIVEN BIRTH)	DAUGHTERS	
ನಿಮಗಿರುವ ಗಂಡು ಮತ್ತು ಹೆಣ್ಣು ಮಕ್ಕಳಿಮ್ನ? (ನಿಮ್ಮ ಜೊತೆ	TOTAL	
ಸದದಲ್ಲಿ ಇಲ್ಲದದರನ್ನೂ ಸೇರಿಸಿ)		
Dia any of your children die?	YE3	
ನಿಮಗೆ ಹುಟ್ಟದ ಮಕ್ಕಳಲ್ಲಿ ಯಾರಾದರೂ ತೀರಿಹೋಗಿದ್ದಾರೆಯೇ?	25	→Q110
If yes, how many boys and girls died?		
ಹೌದಾದರೆ. ಒಮ್ಮ ಗಂಡು ಮತ್ತು ಹೆಣ್ಣು ಮಕ್ಕಳು ತೀರಿಹೋಗಿದ್ದಾರೆ?	BCYS	
	GIRLS	
	TOTAL	
	IOIAD	
Did any of your pregnancy end in either	YES	
still birth or abortion?	MO	SECTN.
ನಿಮಗೆ ಯಾವಾಗಲಾದರೂ ಸತ್ತು ಹುಟ್ಟದ ಮಗುವಿನ ಜನನವಾಗಿತ್ತೇ ಅದವಾ ಗರ್ಭವಾತವಾಗಿತ್ತೇ?		SECIN.
	STILL BIKING	
TE yes how many were still births. Indused portions, spontaneous abortions		
ಕ್ ಮ ಪತ್ರ ಪುಟದ ಮಕ್ಕಳ ಜನನವಾಗಿದೆ? ಎಮ್ಮ	ABORTIONS	
ಜಾರಿ ಗರ್ಚ ತೆಗೆಸಿಕೊಂದಿದ್ದೇರಿ? ಮತ್ತು ಎಮ್ಮ ಬಾರಿ ತಾನಾಗಿಯೇ		
ಗರ್ಭವಾತವಾಗಿದೆ?	SPONTANE NE	
		<u> </u>

SECTION-II

ANTE-NATAL, NATAL AND POST - NATAL CARE

(FOR WOMEN WHO HAD LIVE BIRTH/STILL BIRTH/SPONTANEOUS ABORTION/INDUCED ABORTION, SINCE, JANUARY 1, 19

Q.No.	QUESTION AND FILTER	CODING CATEGORIES	SKIP To
Q201	When was your last child birth/ still birth/spontaneous abortion/ induced abortion? (EXCLUDING CURRENT PREGNANCY, IF ANY) مشي فممن عند عند عند المنابع عند المنابع ال	NO PREGNANCY	→ Sectn.
Q202	What was the outsome of your last pregnancy? Sau to the outsome of your last pregnancy?	LIVE BIRTH	→ Q209 → Q209 → Q204
Q203	If induced abortion, who performed the abortion? THE THE AND AND THE THE AND AND THE THE AND AND THE AND AND THE AND	GOVT. DOCTOR	
Q204	At what month of pregnancy did it happen? ಎಮ್ಮ ತಿಂಗಳ ಗರ್ಭಣಿ ಇದ್ದಾಗ ಗರ್ಭಪಾತವಾಯಿತು ?	MONTH	
Q205	Did you have any health problem imemdiately after abortion (within 6 weeks)? ಗರ್ಭಪಾತವಾದ ನಂತರ (6ವಾರದೊಳಗೆ) ನಿಮಗೇನಾದರೂ ಆರೋಗ್ಯದ ತೊಂದರೆಯಾಗಿತ್ತೇ?	YES	→ SECTION
Q206	If yes, what was the health problem? (CIRCLE ALL RESPONSES MENTIONED) ಹೌದಾದರೆ, ಯಾವ ತರಹದ (ಆರೋಗ್ಯದ) ತೊಂದರೆಯಾಗಿತ್ತು?	1. EXCESSIVE BLEEDING A 2. HIGH FEVER B 3. FOUL SMELLING	
Q207	Did you consult doctor/health worker for your health problem? तिः का के किंदि में के किंदि के किंद किंद के किंद किंद के किंद के किंद के किंद के किंद के किंद किंद के किंद के किंद किंद किंद के किंद किंद किंद के किंद के किंद किंद किंद किंद किंद किंद किंद किंद	YES	→ SECTIO
Q208	If yes, whom did you consult? (CIRCLE ALL RESPONSES MENTIONED) ಹೌದಾದರೆ, ಯಾರನ್ನು ಬೇಟ ಮಾಡಿದ್ದಿರಿ?	1. GOVT. DOCTOR. A 2. PRIVATE DOCTOR. B 3. GOVT. NURSE/LHV/ANM. C 4. PRIVATE NURSE. D 5. TRAINED DAI. E 6. UNTRAINED DAI. F 7. OTHER G (SPECIFY)	→ SECT

ANC INFORMATION FOR WOMEN WITH LIVE BIRTH OR STILL BIRTH QUESTION AND FILTER CODING CATEGORIES SKIP TO Was your weight taken when you were pregnant? ನೀವು ಗರ್ಭಣಿಯಾಗಿದ್ದಾಗ ನಿಮಗೆ ತೂಕ ನೋವಿದರೆ? NO.....2 Was your blood pressure YES....... measured when you were pregnant? ನೀವು ಗರ್ಭಣಿಯಾಗಿದಾಗ ನಿಮ್ಮ ರಕ್ಷದ ಒತ್ತಡವನು ನೊಂದಿದರೆ? Were you given Iron and Folic Acid (IFA) tablets during pregnancy? ನೀವು ಗರ್ಭಣಿಯಾಗಿದಾಗ ನಿಮಗೆ NO.....2 → Q215 ಕಬಣಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು ಕೊಟ್ಟದರೆ? How many IFA tablets did you NUMBER receive during pregnancy? ಗರ್ಭಣಿಯಾಗಿದಾಗ ನಿಮಗೆ ಎಷ್ಟು ಕಬ್ಬಿಣಾಂಶದ DO NOT REMEMBER.....999 ಮಾತ್ರಗಳನ್ನು ಕೊಟ್ಟದರು? In which month of pegnancy MONTH you started taking IFA tablets? DID NOT TAKE...........0 ಎಮ್ಮ ತಿಂಗಳ ಗರ್ಭಣಿ ಇದ್ದಾಗ ನೀವು ಕಬ್ಬಿಕಾಂಶದ DO NOT REMEMBER.....9 →Q215 ಮಾತ್ರೆಗಳನ್ನು ತೆಗೆದುಕೊಳ್ಳಲು ಪ್ರಾರಂಭಮಾಡಿದಿರಿ? How many IFA tablets in a day NUMBER were you taking regularly? ಪ್ರತಿದಿನ ನೀವು ಎಷ್ಟು ಕಬ್ಬಿಕಾಂಶದ ಮಾತ್ರೆಗಳನ್ನು ತಗಮಕೊಳ್ಳುತ್ತಿದ್ದರಿ? Were you given an injection in the arm during pregnancy to prevent Tetanus? - ਜੰਸ਼ਾਲੀ ਕਰਾਜ → Q217 ರಸುರ್ವಾಯು ಬರವಂತೆ ನಿಮಗೆ ಚುಚ್ಚುಮದ್ದನ್ನು ಕೊಟ್ಟದ್ದರೆ? If yes, how many times did NUMBER you take Tetanus injection? DO NOT REMEMBER.....9 ಹೌದಾದರೆ. ಧನುರ್ವಾಯು ನಿರೋಧಕ ಚುಚ್ಚುಮವನ್ನು ಎಮ್ಮ ವಾರಿ ತೆಗೆದುಕೊಂದಿರಿ? MONTHS At what month of pregnancy did you have abdominal check-up for the first time? → Q219 NO CHECK-UP..... 0 -ಮೊದಲನೆಯ ಬಾರಿ ಹೊಟ್ಟೆಯನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಿದಾಗ ನೀವು ಎಮ ತಿಂಗಳ ಗರ್ಭಣಿಯಾಗಿದ್ದಿರಿ? NO. OF TIMES How many times, did you have abdominal check-up? DO NOT REMEMBER.....9 ಎಮ್ಮ ಬಾರಿ ನಿಮ್ಮ ಹೊಟ್ಟೆಯನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಿದರು? YES.....1 When you were pregnant, did AMM ever visit you at home → Q223 for antenatalcheck-up? ನೀವು ಗರ್ಭಣಿ ಇದ್ದಾಗ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ನಿಮ್ಮನ್ನು ಪರೀಕ್ಷೆ ಮಾಡಲು ಮನೆಗೆ ಬಂದಿದ್ದರೆ? How many months pregnant were MONTHS 77. when ALM first visited ್ಷಾ ಅರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ಮೊದಲನೆಯ ಬಾರಿ ನಿಮ್ಮನ್ನು ್ಲೇಶಲು ಬಂದಾಗ ನೀವು ಎಪ್ಪು ತಿಂಗಳ ಗರ್ಭಣೆಯಾಗಿತ್ತು? NO. OF VISITS How many times did she visit

you during pregnancy?

ಗರ್ವಚ ಇತ್ತಗೆ ಎಸ್ತು ಚಾರಿ ನಿಮ್ಮೆಗೆ ಬೋಡಲು ಬಂದಿದರು?

		CODING CATEGORIES	SKIP
Q.No.	QUESTION AND FILTER	YES1	
Q222	Did she advice you to have a check-up at any health facility? ether, somether samp chapter existed and the samp chapter existed and	NO2	
Q223	When you were pregnant, did you go for antenatal check-up? ನೀವು ಗರ್ಭಣಿಯಾಗಿದ್ದಾಗ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಹೋಗಿದ್ದಿರಾ?	YES	→ Q227
Q224	If yes, where did you go? (CIRCLE ALL RESPONSES MENTIONED) ਛਾਬਾਬਰੇ ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿಂ?	1. GOVT. HOSPITAL/CHC/RURAL HOSPITALA 2. GOVT. DISPENSARYB 3. PHCC 4. SUB-CENTRED 5. PRIVATE DOCTOR/HOSPITALE 6. OTHERF (SPECIFY)	
Q225	How many months pregnant were you when you first went for antenatal check-up? ಮೊದಲನೆಯ ಬಾರಿ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಹೋದಾಗ ನೀವು ಎಷ್ಟು ತಿಂಗಳ ಗರ್ಭಣಿಯಿದ್ದಿರಿ?	MONTHS	
Q226	How many times did you go for ante-natal check-up? ಎಷ್ಟು ಬಾರಿ ನೀವು ಗರ್ಭಣಿ ಪರೀಕ್ಷೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ಹೋಗಿದ್ದಿರಿ?	NUMBER OF TIMES	
Q227	(IF "NO" FOR Q219 AND Q223) Why did you not receive ante-natal check-up? (CIRCLE ALL RESPONSES MENTIONED) ನೀವು ಗರ್ಭಣಿ ಪರೀಕ್ಷೆ ಏಕೆ ಮಾಡಿಸಿಕೊಳ್ಳಲಿಲ್ಲ?	1. LACK OF KNOWLEDGE OF SERVICESA 2. DID NOT FEEL NECESSARYB 3. NOT CUSTOMARYC 4. FINANCIAL COSTD 5, DISTANTLY LOCATEDE 6. POOR QUALITY SERVICEF 7. NO TIME TO GOG 8. NOT PERMITTED TO GOH 9. OTHER	
Q228	Can you tell me about health problems that some women suffer from, during pregnancy? (CIRCLE ALL RESPONSES MENTIONED) त्रंप्रति चटात ळेलत्रें	1. SWELLING OF HANDS AND FEET. A 2. PALENESS	

QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
uting your pregnancy did you wider from any of the ollowing health problems? the ollowing health problems? the number of the ollowing health problems?	1. SWELLING OF HANDS AND FEET まの いなま 1 2 2. PALENESS はままでは、 1 2 3. WEARDIESS CF TIFEDNESS はは、 9年間 を成れま 1 2 4. DICCINESS まで 加速には、 1 2 5. VISUAL DISTURBANCES には、 1 2 6. BLEEDING できれま 1 2 7. CONTULSIONS できれま 1 2 8. WEAK OR NO MOVEMENT OF FOETUS はあって はられましま 1 2 9. ABNORMAL PRESENTATION が かったのは、 かったのはからないのであれます 1 2 10.CTHER (SPECIFY) 1 2 (大名でもよ)	
f any, did you consult doctor r any other health worker for our health problems? त्वाटक चार्ट, स एकैंगा, डैंगांवरीं शिक्ष विदेश प्रदेश पर्यात्मी क्रिक्टर प्रथम विदेश प्रदेश पर्यात्मी कार्यात्मी स्थान	YES	→Q232
t yes. whom did you consult? CIRCLE ALL RESPONSES MENTIONED) Pವಾದರೆ. ಯಾರ ಹತ್ತಿರ ಸಲಹೆ ಪಡೆದಿರಿ?	1. GOVT. DOCTOR	
ere you advised to go to health cility for delivery?	YES1	
here did the delivery take place?	GOVT. HOSPITAL CHC/RH	→ Q236
ಣಿ home delivery, who conducted ne delivery? ಅನೆಯಲ್ಲಿ ಹರಿಗೆಯಾಗಿದ್ದರೆ. ಯಾರು ಹರಿಗೆ ಟಾವಿದರು?	DOCTOR	
ು Dispusable Delivery kit, used .r.ನ ರಾಗ್ಯಾಕ್ಗಳ? ನಿಗೆ ಮನುವಾಗ ಏರಕ್ಕಾ ಹೆಂಗೆ ಚೀಲವನ್ನು ಉಪಯೋಗಿಸಿದ್ದೇ?	YES	
-:- ::::::::::::::::::::::::::::::::::	10	

	·		
	QUESTION AND FILTER	CODING CATEGORIES	SKIP TO
237	During delivery, did you experience any of the following problems? ಹರಿಗೆ ಸದುಯದಲ್ಲಿ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದೇ ತೊಂದರೆಯನ್ನು ಅಸುಭವಿಸಿದ್ದಿರಾ?	YES NO 1. PREMATURE LABOUR	
238	During the first week after delivery did you experience any of the following health problems? ಹರಿಗೆಯಾದ ಮೊದಲನೆಯ ವಾರದಲ್ಲಿ ಇಲ್ಲಿ ತಿಳಿಸಿರುವ ಯಾವುದೇ ಆರೋಗ್ಯ ತೊಂದರೆಯನ್ನು ಅನುಭವಿಸಿದ್ದಿರಾ?	YES NO 1. HIGH FEVER	If NO to all →Q241
239	If YES to any, did you consult doctor / heath worker for your health problems? amate among am should a day each to a consult add to be a consult and the consult among the consult and the con	YES1	→ Q241
C.)	lf yes, whom did you consult? (CIRCLE ALL RESPONSES MENTIONED) ಹೌದಾದರೆ. ಯಾರ ಹತ್ತಿರ ಸಲಹೆ ಪಡೆದಿರಿ?	1. GOVT. DOCTORA 2. PRIVATE DOCTORB 3. GOVT. NURSE/LHV/ANMC 4. PRIVATE NURSED 5. TRAINED DAIE 6. UNTRAINED DAIF 7. OTHERG (SPECIFY)	
Q241	Did ANM visit you within 2 weeks of delivery ಹರಿಗೆಯಾದ 2 ಪಾರಮೊಳಗೆ ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತೆ ನಿಮ್ಮನ್ನು ನೋಡಲು ಬಂದಿದ್ದರೆ?	YES1	
Q242	How many times did she visit you within six weeks of delivery? ಹೆರಿಗೆಯಾದ 6 ಹಾರದೊಳಗೆ ಅವರು ಎಷ್ಟು ಬಾರಿ ನಿಮ್ಮನ್ನು ನೋಡಲು ಬಂದಿದ್ದರು?	NUMBER NOT VISITED0	
Q243	(CHECK Q202, ASK Q243 AND Q244 ONLY IF IT IS LIVE BIRTH) Was the baby weighed immediately or within two days of the birth? আধুল ভাৰুল ভাৰুল আধুল 2 মানলগৰ আগতান বাং?	IMMEDIATELY	→ SECTION
2044	What was the weight of the baby? ಮಗುವಿನ ತೂಕ ಎಷ್ಟು?	DO NOT REMEMBER999	

-

SECTION III IMMUNIZATION AND CHILD CARE

MUNIZATION OF LAST AND LAST BUT ONE LIVING CHILD

	O TE ELIVING CHIED, BOTH BO	DRN AFTER JANUARY 1, 1990)	
OURCETON AND RELEGIES	CODING CA	TEGORIES	
QUESTION AND FILTERS	LAST CHILD	LAST BUT ONE CHILD	SKIP TO
ne of the (index) child			
of the child to / strug	BOY1 GIRL2	BOY1 GIRL2	
nth and year of birth ಶ ಹುಟ್ಟದ ತಿಂಗಳು ಮತ್ತು ವರ್ಷ	MONTH	MONTH	
	DO NOT KNOW99 YEAR 96,97,98,99	DO NOT KNOW99 YEAR. 96,97,98,99	
ASK Q 304 TO 311 F	OR THE YOUGNEST CHILD		
en you were pregnant with ame), did any one advise u on breastfeeding? 3 (ಹುಸು) ನ/ಳ ಗರ್ಭಣ ಇದ್ದಾಗ ಯಾಡುವರೂ ನಿಮಗೆ ಪಾಲು ಕುಡಿಸುವ ವಿಚಾರವಾಗಿ ತಿಳುವಳಿಕೆ ನೀಡಿದ್ದರೆ?	YES		→Q306
yes, who advised you on eastfeeding? IRCLE ALL RESPONSES INTIONED) Endt, who advised analy?	7. RELATIVES/FRIENDS 8. OTHER	HV	
nen did you start reastfeeding your child? ಮಗುವಿಗೆ ನೀವು ಯಾವಾಗ ಎದೆಹಾಲು ಕುಡಿಸಲು ಭರುಭ ಮಾಡಿದಿರಿ?	SAME DAY WITHIN 2 HO SAME DAY AFTER 2 HOU 1-3 DAYSAFTER 3 DAYS	TRS OF BIRTH2	→Q310
hen you first breastfed your hild, did you squeeze out the ilk before feeding the child? ಮಗುವಿಗೆ ಮೊದರ ಬಾರಿ ಹಾಲು ಕುಡಿಸುವ ಜಾರು ಹಿಂದಿ ಚಲ್ಪಿಸಿದಾ?	NO		
re you currently child?	YES		
ಶ್ರನೀವು ಮಗುವಿಗೆ ಎದೆ ಹಾಲು ಕುಡಿಸುತ್ತಿದ್ದೀರಾ? low many months did you breast eed the child exclusively? Nothing other than mother's milk) ಜಗುವಿಗೆ ಎದೆಹಾಲನ್ನು ಮಾತ್ರ ಎಷ್ಟು ತಿಂಗಳು	MONTHS	88	→Q312
t want age of the child, did ou start giving semisolic food?	MONTHS		- 6313
ಶಿಕಾರಿಗೆ ಒಮ್ಮ ತಿಂಗಳ ವಯಸ್ಸಿನಲ್ಲಿ ಸ್ತಲ್ಪ ಗಟ್ಟಯಾದ ಕಹಾರವನ್ನು ಕೊಡಲು ಪಾರಂಚಮಾಡಿದಿರಿ?	NOT YET STARTED		→Q312
what age of the child, did			
್ಯಾ ಕರ್ಕಾರ ರೇಗಳ ಪಯಸಿಸಲ್ಲಿ ಪೂರ್ತಿ ಗಟ್ಟಿಯಾರ ಹಾರರಣ ಕೊಡಲು ಹಾರಂಭಮಾದಿದಿರಿ?	NOT YET STARTED		

		CAMECODIEC	S
Q.No.	QUESTION AND FILTERS	CODING CATEGORIES	
Q:12	Do you know what to do when child gets Diarrhoea? (CIRCLE ALL RESPONSES MENTIONED) ಮಗುವಿಗೆ ಭೇದಿ ಆದಾಗ ಏನು ಮಾಡಬೇಕೆಂದು ನಿಮಗೆ ತಿಳಿದಿದೆಯೇ?	1. GIVE CRS	
Q313	Has ANM/health worker told you what to do if a child has Diarrhoea? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಮಗುವಿಗೆ ಭೇದಿ ಆದಾಗ ವಿನು ಮಾಡಬೇಕೆಂದು ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES	
Q314	Did any of your child born since January 1, 1996 suffer from Diarrhoea during last 2 months? ಜನವರಿ1, 1996ರ ರಿಂದೀಚಿಗೆ ಜನಿಸಿದ ನಿಮ್ಮ ಯಾವುದೇ ಮಗುವಿಗೆ ಕಳೆದ ಎರಡು ತಿಂಗಳಲ್ಲಿ ಭೇದಿ ಆಗಿತ್ತೇ?	YES	-
Q315	If yes, what did you do? (CIRCLE ALL RESPONSES MENTIONED) ಆಗಿದ್ದರೆ. ನೀವು ಐನು ಮಾಡಿದಿರಿ?	1. HOME REMEDY	
Q316	Do you know the danger signs of Pneumonia? ನಿಮೋನಿಯಾ ಖಾಯಿಲಿಯು ಆಪಾಯಕರ ಲಕ್ಷಣಗಳು ನಿಮಗೆ ತಿಳಿದಿದೆಯೇ?	YES	-
Q317	If yes, what are they? (CIRCLE ALL RESPONSES MENTIONED) ತಿಳಿದಿದ್ದರೆ ಅವುಗಳು ಯಾವುವು?	1. DIFFICULTY IN BREATHING	
2318	Has ANM/Health worker told you the danger signs of Pneumonia? ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ನಿಮೋನಿಯ ಖಾಯಿಲೆಯ ಆಪಾಯಕರ ಲಕ್ಷಣಗಳ ಬಗ್ಗೆ ನಿಮಗೆ ತಿಳಿಸಿದ್ದಾರೆಯೇ?	YES1 NO2	
Q319	Did any of your child born since January 1, 1996 suffer from cough, cold and difficulty in breathing in the past two months? Exact 1. 96 Doditin Exact Ray consider annothing the act and some some shape who some shape the control of the cold some shape the cold some	YES	
Q320	If yes, what did you do?: (CIRCLE ALL RESPONSES MENTIONED) ಆಗಿದ್ದರೆ, ನೀವು ಏನು ಮಾಡಿದಿರಿ?	1. HOME REMEDY	

ಬ ತಿಳಿಸಿದರೇ?

			PECORIES		SK.
	QUESTION AND FILTERS	CODING CAT	LAST CHI	LD LAST BUT	
2.No.			1	ONE CHILD	
2329	Was Polic vectine (ie drops in the mouth (excluding polic () given to the child? mittal action	WD	2	2	7
	how many Polio doses	NUMBER			1 11
Q330	11 Yes, 10% 1247 10% 10	DO NOT REMEMBER9			
Q331	-base levelading	CHILD IS TOO YOUNG	1 23 45 61: a	11 21 21 41 11 10 10 10	
Q33	Sid ALTA doctor advise you to get the doses of Polic vaccine? edain, simired: dimin minimal discretion winter	YES	2	2	
233	Q308 AND S. PLACE F IMMENT Q308 AND S. PLACE F IMMENT OF IMMENT OF SIDE OF SID	COLUMN DECEMBER OF THE STATE OF		12	

LTERS	CODING CATEGORIES			SKIP TO
		LAST CHILD	LAST BUT ONE CHILD	
Lon St SS SS SS SS SS SS SS SS SS SS SS SS	MC		1 2	→Q336
:sa?				
es tion iven e	1. CHILD TOO YOUNG FOR IMMUNIZATION 2. CHILD WAS ILL 3. PLACE OF IMMUNIZATION TOO FAR TO GO 4. UNAWARE OF NEED FOR IMMUNIZATION 5. PLACE OF IMMUNIZATION UNKNOWN 6. TIME OF IMMUNIZATION UNKNOWN 7. TIME OF IMMUNIZATION INCONVENIENT 8. LONG WAITING TIME 9. FEAR OF SIDE EFFECTS 10. ANM ABSENT 11. VACCINE NOT AVAILABLE 12. NO FAITH IN IMMUNIZATION 13. MOTHER TOO BUSY 14. FAMILY PROBLEM, INCLUDING ILLNESS OF MOTHER 15. OTHER	01 02 03 04 05 06 07 08 09 10 11 12 13	01 02 03 04 05 06 07 08 09 10 11 12 13	
NM/ r/ h r e you ve es ne to	YES	2	2	
child?				
this	1. GOVT. HOSPITAL	-	1	
to	2. PHC	2	2	
women	3. SUB-CENTRE	3	3	
one	4. ANM/NURSE/LHV	4	. 4	
where	5 PRIVATE HOSPITAL	5	5	
the	6 PRIVATE DOCTOR	6	6	
100	7. OTHER	7	7	
12/96? 3.52:55 3.52 3.52 3.52 3.52 3.52 3.52 3.52 3.	(SPECIFY)	9	9	

					SKI
Q.No.	QUESTION AND FILTERS	CODING CATEGORIES		Y DOM STAN	O.C.I.
			LAST CHILD	LAST BUT ONE CHILD	
2339	Was a dose	YES	1	:	
<u>.</u>	of Vitamin	X3	2	2	→ Q:
	test him	DO NOT REMEMBER	9	9	→ Q
Q339	If yes, how many Vita-min A doses were given? foundation to a brain of 'A' contact of the contac	IN NUMBER DO NOT REMEMBER9			
Q340	the (name) child? fügmost and / unaffa (sto) fugurodur?		1 2 9	1 2 9	→Q
Q341	If yes, how many IFA tablets were given? saught. Language.	IN NUMBER . DC NOT REMEMBER99			
Q342	centre?	NO	2	2	

SECTION - IV CONTRACEPTION (FOR ALL ELIGIBLE WOMEN)

QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
Thich of the Family Planning sethods are you aware of? FEMALE STEFILISATION	ನಿಮಗೆ ಯಾವ ಕುಟುಂಬ ಯೋಜನಾ YES NO ವಿಧಾನಗಳ ಬಗ್ಗೆ ತಿಳಿದಿದೆ? ಹೆಂಗಸರ ಶಸ್ತ್ರಚಿಕಿತ್ಸೆ 1 2	
. MALE STERILISATION	ಗಂಡಸರ ಶಸ್ತ್ರ ಚಿಕಿತ್ತೆ ಕ್ಷಿತ್ತಿ ಕ್ಷಿತ್ತಿ	
. COPPER-T/LOOP	ಕಾಪರ್.T/ ಪಂಕಿ 1 2	
. DAILY PILLS (CYCLES)	ದಿನಾ ನುಂಗುವ ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರ 1 2	
S. WEEKLY PILLS (SAHELI, CETRON)	ಪಾರಕ್ಕೊಮ್ಮೆ ತೆಗೆದುಕೊಳ್ಳುವ ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆ 1 2	
CONDOM/NIRODH	ನಿರೋಧ್ 1 2	
RHYTHM OR PERIODIC ABSTINENCE	ಗರ್ಭಿಣಿಯಾಗುವ ಸಾಧ್ಯತೆ ಹೆಚ್ಚಿರುವ ದಿನಗಳಲ್ಲಿ ಹಾಸಿಗೆ ಪಥ್ಮ ಮಾಡುವುದು 1 2	
3. WITHDRAWAL	ಗಂಡಸರು ಕೊನೇ ಘಳಿಗೆಯಲ್ಲಿ ಹೊರಗೆ ತೆಗೆಯುವುದು 1 2	
OTHER MODERN METHOD(SPECIFY)	ಇತರೆ ಆಧುನಿಕ ವಿಧಾನ 1 2 (ಸ್ಪಷ್ಟೀಕರಿಸಿ)	
10. OTHER TRADITIONAL METHOD(SPECIFY)	ಇತರೆ ಹಳೇ ವಿಧಾನ 1 2 (ಸ್ಪಷ್ಟೀಕರಿಸಿ)	
Are you currently pregnant?	YES1 NO2	→Q417
Are you/your husband currently using any Family Planning method (including sterilization)? المالة ا	YES1 NO2	→Q417
Which method you/your husband is using? ನೀವು/ನಿಮ್ಮ ಗಂಡ ಬಳಸುತ್ತಿರುವ ವಿಧಾನ ಯಾವುದು?	FEMALE STERILISATION	
who mainly motivated you/your husband to use this method? المراجعة المراجع	SELF	
For how long have you been using this method continuously? OR How long are did you your husband indergo sterilization? En romber 2: sad & 200000000000000000000000000000000000	MONTHS MORE THAN 8 YEARS	

FOR THE USERS OF COOPER-T/LOOP/PILLS/CONDOM AND THOSE WOMEN WHO/WHOSE HUSBAND HAD UNDERGONE STERILIZATION, ASKQ407-Q416. FOR THE USERS OF WITHDRAWAL/RHYTHM METHOD/ANY OTHER METHOD, GO TO NEXT SECTION.

GOVERNMENT/MUNICIPAL HCSPITAL 01 Sterilization? Sterilization? GR Where did you go for Copper-T Insertion? GR SUB-CENTEL 04 SUB-CENTEL 05 FAMILY PLANNING CAMP 03 SUB-CENTEL 05 FAMILY PLANNING CAMP 05	012	QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
inserted Copper-T? Rain sato T evaluation ? Q409 (ONLY FOR PILL AND CONDOM USER) Have you ever found difficulty in getting pills/condoms? Ruf Rodrigs and Acoust and Acoust and Acoust and Acoust a Court and Acoust a Court and Acoust and Aco	Q.NO.	Where did you/your husband go for sterilization? OR Where did you go for Copper-T insertion? OR From where did you obtain the pills usually? OR From where did you get condom/ nirodh usually? (xosan ನಿರೋಧಕ) ಶಸ್ತ್ರ ಚಿಕಿತ್ಸೆ ಮಾಡಿಸಿಕೊಳ್ಳಲು ನೀವು/ ನಿಮ್ಮ ಗಂಡ ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿರಿ? ಅಥವಾ ನೀವು ಕಾಪರ್-T ಹಾಕಿಸಿಕೊಳ್ಳಲು ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದಿರಿ? . ಅಥವಾ ಸಾಮಾನ್ಯವಾಗಿ ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರೆಗಳು ನಿಮಗೆ ಎಲ್ಲಿಂದ ಸಿಗುತ್ತದೆ?	PRIMARY HEALTH CENTRE. 02 FAMILY PLANNING CAMP. 03 SUB-CENTRE. 04 PRIVATE HOSPITAL. 05 GOVT. DOCTOR. 06 PRIVATE DOCTOR. 07 GOVT. NURSE/ANM. 08 PRIVATE NURSE. 09 MOBILE CLINIC. 10 CHEMIST. 11 OTHER 12	
Have you ever found difficulty in getting pills/condoms? **ntif Richert and Accord and	Q408	inserted Copper-T?	GOVERNMENT DOCTOR2 GOVT. ANM/NURSE/LHV3	→Q410
C410 When you started using this method, did doctor/nurse/ANM inform you about possible health problems that may occur? Near a Depart of Do Not Remember 0 अतं क Depart of Do Not Remember 0 प्रेम के Depart of Do Not Remember 0 0 <td>Q409</td> <td>Have you ever found difficulty in getting pills/condoms? ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರ ನಿರೋಧ್ ದೊರೆಯುವುದರಲ್ಲಿ</td> <td>NOT REGULARLY AVAIL. WTIH PHC2 NOT REGULARLY AVAIL. WITH ANM3 NOT REGULARLY AVAIL. WITH SHOPS/CHEMIST</td> <td></td>	Q409	Have you ever found difficulty in getting pills/condoms? ಗರ್ಭ ನಿರೋಧಕ ಮಾತ್ರ ನಿರೋಧ್ ದೊರೆಯುವುದರಲ್ಲಿ	NOT REGULARLY AVAIL. WTIH PHC2 NOT REGULARLY AVAIL. WITH ANM3 NOT REGULARLY AVAIL. WITH SHOPS/CHEMIST	
any health worker/ANM visit you for enquiring about your/your husband's health? No	Ç410	did doctor/nurse/ANM inform you about possible health problems that may occur? ನೀವು ಈ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪ್ರಾರಂಭ ಮಾಡಿದಾಗ. ವೈದ್ಯರು. ಆರೋಗ್ಯ ಕಾರ್ಯಕರ್ತರು ಈ ವಿಧಾನ ಬಳಕೆಯಿಂದ	YES	
114 / 1 4370 3701 /000 / 1 3		any health worker/ANM visit you for enquiring about your/your husband's health? Real of Approximation worker and		
this method? ಈ ವಿಧಾನದ ಬಳಕೆಯಿಂದ ನಿವಾಗ! NO	Q412	this method? # 200000 nethand		→Q416

The state of the s		
CUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
t vel . ा :ealth problem did Julyour husband have? CIRCLE ALL RESPONSES MENTIONED) टिकाटरे. किटाने किटाने काट केटे के स्टीलन्त् Loos रेक्काने ते ?	1. WEAFNESS/INABILITY TO WORK. A 2. BODYACHE/BACKACHE. B 3. CRAMPS. C 4. WEIGHT GAIN. D 5. DITTINESS. E 6. NAUSEA/VOMITING. F 7. BREAST TENDERNESS. G 8. IRSEGULAS PERIODS. B 9. ENCESSIVE BLEEDING. I 10. SPOTTING. J 11. WHITE DISCHASGE. K 12. OTHER. L	
ild you your husband seek treatment is: the health problem? ಈ ಆರೋಗ್ಯ ತೊಂದರೆಗೆ ನೀವೃ/ನಿಮ್ಮ ಗಂಡ ಚಿಕಿತ್ಸೆ ಪಡೆದಿದ್ದಿರಾ?	YES1	→Q416
If yes, whom did you/your husband consult for treatment?	GOVERNMENT DOCTOR. 1 PRIVATE DOCTOR. 2 GOVT. NURSE/ANM/LHV 3 PRIVATE NURSE. 4 TRAINED DAI 5 UNTRAINED DAI 6 RELATIVE/FRIENDS. 7 OTHER8	
Are you satisfied with the method? ಈ ವಿಧಾನ ಬಳಸುತ್ತಿರುವ ಬಗ್ಗೆ ನಿಮಗೆ ತೃಪ್ತಿ ಇದೆಯೇ?	YES	SECTN V
(FOR THOSE WHO ARE CURRENTLY NOT USING ANY METHOD i.e., Q402=1 OR Q403=2) Have you/your husband used any method in the past and discontinued? Rea/Rau Hod &od wnajd: #18000 where and approach used wnajd: #18000 where approach used Relations:	YES	→Q424
If yes, what was the last method you your husband used? The said with a second with a	IUD/COPPER-T'LOOP	
Las was your age when you your haseand started using that method? they am not be about the way and a sample of the	AGE IN COMPLETED YEARS	
ing many continema yet nad when or your husband started using that method? ನೀವುನಿಮ್ಮ ಗಂಡ ಆ ವಿಧಾನವನ್ನು ಬಳಸಲು ಪಾಶಂಭ ಮಾವಿಧಾಗ ನಿಮಗಿದ್ದ ಮಕ್ಕಳಿಮ್ಮ?	BOY GIRL	
المرابعة ال	IN MONTHS	

,			SKIP TO
10	QUESTION AND FILTERS	CODING CATEGORIES	DATE 10
Q.No.	When you your ispand started using the method, did doctor/nurse/ANM inform you about the possible health problems/side effects of the method? Red/Raw nod e Donaza uviou zoou zoou zoou usuman, zjajo/ednen, soozot undant zjajo/ednen, soozot un zecato ednen, soozot ednen edne edn	YES	
Q423	What was the main reason for discontinuing use of the method? ש كيتم عدني المراب الم	WANTED CHILD	
Q424	(CHECK Q402, IF WOMAN IS PREGNANT GO TO Q425) Are you currently menstruating? ಸದ್ಮ ನೀವು ಮುಟ್ಟು ಆಗುತ್ತಾ ಇವೀದಾ?	YES	→ SECTN. V
Q425	Has ANM/health worker ever advised yo to adopt any family planning method? edner, someter accurate accurate somethic accurate somethic accurate somethic accurate accurate somethic accurate ac	YES	→Q427
Q426	If yes, what method did she/he advise you to use? Emand. waxw Rawh cond acondata, uvrus section?	FEMALE STERILIZATION. 1 MALE STERILIZATION. 2 IUD/COPPER-T/LOOP. 3 PILLS. 4 CONDOM/NIRODH 5 RHYTHM/PERIODIC ABSTINENCE 6 WITHDRAWAL 7 OTHER 8	
Q427	Do you intend to use any method of Family Planning at any time in the future? about a command and command the substant and a command and c	YES1 NO2	→Q429
1100	If yes, which method you would prefer to use? (CIRCLE CNLY THE MOST PREFERRED METHOD) कोटावर्ट, शिद्यु ट्याय ठेक्तत्रवस्य ध्रपंत्रक नद्यु स्टाइंटि?	FEMALE STERILIZATION. 1 MALE STERILIZATION. 2 IUD/COPPER-T/LOOP. 3 PILLS. 4 CONDOM/NIFODH 5 RHYTHM/PERIODIC ABSTINENCE 6 WITHDRAWAL 7 OTHER 9	

QUESTION AND FILTERS		I
TOTAL AND FILTERS	CODING CATEGORIES	SKIP TO
HECK Q402, IF WOMAN IS PREGNANT TO NEXT SECTION) Would you like have a/another child? of ಮಗು/ಇನ್ನೊಂದು ಮಗು ಬೇಕು ಅನ್ನುವ ಇವು ಟಿಯೇ?	WANT MORE CHILDREN. 1 WANT NO MORE CHILD. 2 NOT DECIDED. 3 UP TO GOD. 4	→Q431
w long would you like to wait to ve a another child? ದ್ನಿ ಸಮಯದ ನಂತರ ಮಗು/ಇನ್ನೊಂದು ಮಗು ಕೆಂದು ಇದ್ದ ಇದೆ?	SOON/NOW/LESS THAN 12 MONTHS96 MORE THAN 12 MONTHS NOT DECIDED	SECTN-V
at is the main reason for rently not using any method of mily planning? (OBTAIN ONLY THE ST IMPORTANT REASON) Red condict select check approximate the state of	LACK OF KNOWLEDGE ABOUT FAMILY PLANNING METHODS	

SECTION V

ASSESSMENT OF QUALITY OF GOVERNMENT HEALTH SERVICES AND CLIENT SATISFACTION (FOR ALL ELIGIBLE WOMEN)

	(FOR ALL	ELIGIBLE WOLLDAY	
Q.No.	QUESTION AND FILTERS	CODING CATEGORIES	SKI
2501	Did ANM or any health worker visit your household during last three months? ####################################	YES	→ Q
Q502	If yes, who visited your household? (CIRCLE ALL RESPONSES MENTIONED) कोटावर्ट, रिक्सू कार्री कार्य थेंस केस्ट्रिक्ट	2	→ Q! → Q!
Q503	In case ANM/LHV visited, were you satisfied with the amount of time she spent in your house? eductory the same of	YES1 NO2	
Q5 04	Have you gone to any Government Health Centre/Hospital/CHC/PHC/SC during last three months for any treatment? हर्मच ३ डेंग्नर्स्ट राज्य व्याप्य क्रिक्ट स्टेंग्नर्स्य अर्थे स्टिंग्स्य स्टेंग्नर्स्य स्टेंग्न्य	YES1 NO2	→ Q!
Q505	If yes, where did you go last? ಹೌದಾದರೆ, ಕೊನೆಯ ಬಾರಿ ನೀವು ಎಲ್ಲಿಗೆ ಹೋಗಿದ್ದೀರಿ?	GOVERNMENT HOSPITAL 1 CHC 2 PHC 3 SC 4	
Q506	Is the centre's timing convenient? ಆ ಕೇಂದದ ಕೆಲಸದ ವೇಳೆ ಅನುಕೂಲಕರವಾಗಿದೆಯೇ?	YES1 NO2	
Q5 07	Is the centre convenient to reach? ಆ ಕೇಂದ್ರ ತಲುಪಲು ಅನುಕೂಲಕರವಾಗಿದೆಬೇ?	YES1 NO2	
Q518	Was doctor ANM available when you went there for treatment? ७९५ तेस्त् धेभेड्री कलकात स्मृत्यं किया क्यां स्टूटें!	YES	
Q5 09	Did you have to wait long for service? 1884 ಮೆಯಲು ನೀವು ಅಲ್ಲಿ ಬಹಳ ಹೊತ್ತು ಕಾಯಬೇಕಾಯಿತೇ?	YES	
Q510	Was there privacy where you were examined? ನಿಮ್ಮನ್ನ ಪರೀಕ್ಷಿಸಿದ ಸ್ಥಳದಲ್ಲಿ ಇತರರು ಯಾರೂ ಇರಲಿಲ್ಲವೇ?	YES	
Q511 	Was the staff at the centre friendly? ಅಲ್ಲಿಯ ಸಿಬ್ಬಂದಿಯವರು ನಿಮ್ಮ ಜತೆ ಸ್ನೇಹದಿಂದ ವರ್ತಿಸಿದರೇ?	YES1 NO2	
Q512	Were medicines available at the centre? ಅಲ್ಲಿ ಔಷಧಿಗಳು ಲಭ್ಯವಿದ್ದವೇ?	YES	
Q513	Did the health staff explain to you how to take medicines? Baantaka æth shætattet eta eta laga sæth skrætt?	YES	
Q514	Did you find the treatment at the the centre effective? ಅಲ್ಲಿನ ಚಕಿತ್ಸೆ ನಿಮಗೆ ಪರಿಣಾಮಕಾರಿಯಾಗಿತ್ತೇ?	YES	

QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
You have to pay to the doctor tall any money to get المحادث ا	YES1 NO2	
you recommend this centre or friends, relatives? ಹೋಗಲು ನಿಮ್ಮ ಸ್ನೇಹಿತರಿಗೆ / ಸಂಭಂಧಿಕರಿಗೆ ಮ್ಮ ಮಾಡುತ್ತೀರಾ?	YES1 NO2	Section VI
SHE DID NOT VISIT CENTRE ING LAST THREE MONTHS) What is main reason for not visiting centre? xero exis, samenan entropy s, endades.	NO NEED	

SECTION VI

AWARENESS ABOUT RTI, STI AND HIV (AIDS)

Q.No.	QUESTION AND FILTERS	CODING CATEGORIES	SKI
2601	Have you heard of an illness called Febroductive Tract Infection (RTI)? ನೀವು ಜನನಾಂಗಗಳ ಸೋಂಕಿನ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES1 NO2	→ QI
2602	From which sources of information or persons have you heard about RTI? (CIRCLE ALL RESPONSES MENTIONED) Read count with amountfor example country where the work with the second country where the second country was about the second country where the second country was about the second country where the second country was a second country which was a second country where the second country was a second country which was a second country was a second country where the second country was a second country was a second country was a second country was a second country which was a second country which was a second country wa	1. RADIO	
Q603	How is RTI transmitted? (CIRLCE ALL RESPONSES MENTIONED) ಜನನಾಂಗಗಳ ಖಾಯಿಲೆ ಒಬ್ಬರಿಂದ ಮತ್ತೊಬ್ಬರಿಗೆ ಹೇಗೆ ಬರುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETEROSEXUAL INTERCOURSEB 3. LACK OF PERSONAL HYGIENEC 4. OTHER	
Q504	Do you think RTI is a curable disease? ಜನನಾಂಗಗಳ ಸೋಂಕು ವಾಸಿಯಾಗುವಂತಹ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದಯೇ?	YES	
Q605	Have you heard of an illness called Sexual Tract Infection (STI)? ਨೀಪು ಲೈಂಗಿಕ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES1	→ Q
€ 606	From which sources of information or persons have you heard about STI (CIRCLE ALL RESPONSES MENTIONED) Riag const to a the control of the analysis of the ana	1. FADIO	
Q607	(CIRLCE ALL RESPONSES MENTIONED) ಲೈಂಗಿಕ ಬಾಯಿಲೆ ಹೇಗೆ ಹರಡುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSE A 2. HETEROSEXUAL INTERCOURSE B 3. MOTHER TO CHILD	
Q608	Do you think STI is a curable disease? ಲೈಂಗಿಕ ರೋಗ ಹಾಸಿಯಾಗಬಲ್ಲ ಖಾಯಿಲೆ ಎಂದು ನಿಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?	YES	

QUESTION AND FILTERS	CODING CATEGORIES	SKIP TO
ve you heard of an illness called V (AIDS)? ಸೃ'ಎಫ್' ಎಂಬ ಖಾಯಿಲೆ ಬಗ್ಗೆ ಕೇಳಿದ್ದೀರಾ?	YES1 NO2	→ Q615
am which sources of information or reche have you heard about HIV? IDS!? IRCLE ALL RESPONSES MENTIONED) ع مناه شاء شاء المحادة الم	1. FADIO	2013
w is HIV (AIDS) transmitted? PIRLCE ALL RESPONSES MENTIONED) ಡ್ಸ್ ರೋಗವು ಹೇಗೆ ಬರುತ್ತದೆ?	1. HOMOSEXUAL INTERCOURSEA 2. HETEROSEXUAL INTERCOURSEB 3. NEEDLES/BLADES/SKIN PUNCTUREC 4. MOTHER TO CHILDD 5. TRANSFUSION OF INFECTED BLOODE 6. OTHERF (SPECIFY) 7. DO NOT KNOWG	
you think that one can get HIV AIDS) from someone who has HIV AIDS) by: The state of the state	YES NO DK 1. SHAKING HANDS ###################################	
ರಿಜ do you think one can avoid HIV AIDS) CIRCLE ALL RESPONSES MENTIONED) ಜ್ಞ ಪೈಕ್ತಿ ವಿಡ್ಡ್ ಬರದಂತೆ ಹೇಗೆ ತಡೆಗಟ್ಟಬಹುದ್ದು?	1. SEX WITH ONLY ONE PARTNER	

Q.No.	QUESTION AND FILTERS	CODING CATEGORIES	SKI
Q614	Do you think HIV (AIDS) is a curable disease? ಎಡ್ಸ್ ವಾಸಿಯಾಗಬಲ್ಲ ಟಾಯಿಲೆ ಎಂದು ನಮಗೆ ಅನಿಸುತ್ತದೆಯೇ?	YES	
Q615	During the past three months did you have burning sensation, pain or difficulty while urinating? ####################################	YES	
Q616	During the past three months did you experience pain in the lower abdomn or vagina during intercouse? ###################################	YES1 NO2	
Q617	During the past three months, did you have any problem of vaginal discharge? ಕಳೆದ 3 ತಿಂಗಳಲ್ಲಿ ನಿಮಗೆ ಯೋನಿ ಸ್ರಾಪವೇನಾದರೂ ಆಗಿತ್ತೇ?	YES	
	IF 'NO' TO Q615, Q6	16 AND Q617 STOP	
Q618	(IF 'YES' TO Q617, ASK Q618 TO Q622) What was the nature of discharge? ಈ माज्यां ಯाय ठेःडेळाटातेड्यु?	1. MUCCID NON FOUL SMELLING, SMALL IN AMOUNT, PRESENT ONLY ON CERTAIN DAYS (NORMAL)	
Q619	With vaginal discharge did you get itching or ulcers on both the sides in the vaginal area? ಬೋನಿಸ್ರಾಪದೊಂದಿಗೆ ಅಲ್ಲಿ ನಪೆ ಅಥವಾ ಹುಣ್ಣೇನಾದರೂ ಆಗಿತ್ತಾ?	ITCHING	
Q620	With the discharge, did you have severe lower abdominal pain? ಈ ಸ್ವಾಪದಿಂದಾಗಿ ಕೆಬ್ಬೊಟ್ಟೆಯ ಜಾಗದ್ದಲಿ ತುಂಬಾ ನೋವುಂಟಾಗಿತ್ತೇ?	YES1	
Q621	Did you have fever with the discharge? ಈ ಸ್ರಾಪದಿಂದಾಗಿ ಜ್ಞರ ಬಂದಿತ್ತೇ?	YES	
Q622	(IF 'YES' TO ANY OF 615-617) Have you consulted anyone for treatment? If yes, whom did you consult? (CIRCLE ALL RESPONSES MENTIONED) 1444, Edwey consults decorated and another decorated another decorated and another decorated another decorated another decorated another decorated and another decorated another decorat	1. GOVERNMENT DOCTOR. A 2. PRIVATE DOCTOR. B 3. ANM/LHV/GOVT. NURSE. C 4. PRIVATE NURSE. D 5. MEDICAL SHOP/PHARMACIST. E 6. TRADITIONAL PRACTITIONER F 7. DAI. G 8. RELATIVE/FRIENDS. H 9. SELF-TREATMENT. I 10. OTHER J (SPECIFY) 11. NO TREATMENT SOUGHT. K	



